

# **State of Indiana Medicaid DUR Annual Report**

**For Federal Fiscal Year 2007**

(October 1, 2006 to September 30, 2007)



**Presented to:**

**Centers for Medicare and Medicaid Services (CMS)**

**By:**

**State of Indiana—Office of Medicaid Policy and Planning**

**Approved by the Indiana DUR Board, July 18, 2008**

**Prepared by: ACS Health Management Solutions**

**Primary Author: Felice Slaughter, B.S., R.Ph.**



**Report Date: 7-18-2008**

## TABLE OF CONTENTS

		<u>Page</u>
I.	<b>CMS SURVEY</b>	<b>3</b>
II.	<b>TABLE 1 PROSPECTIVE DUR CRITERIA – INDIANA MEDICAID</b>	<b>7</b>
	TABLE 1.A. PROSPECTIVE DUR CRITERIA - DETAILED	8
	TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA	15
	TABLE 1.C. MISCELLANEOUS PRIOR AUTHORIZATION PROGRAMS	30
III.	<b>TABLE 2 RETROSPECTIVE DUR SUMMARY - FFY 2007</b>	<b>31</b>
IV.	<b>ATTACHMENT 1 PHARMACY SURVEY INFORMATION</b>	<b>32</b>
V.	<b>ATTACHMENT 2 PROSPECTIVE DUR (PRODUR) ACTIVITY</b>	<b>37</b>
	ATTACHMENT 2.1.A. PRODUR ACTIVITY SUMMARY BY DUR SCREEN REPORT	41
	ATTACHMENT 2.1.B. PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS	42
	ATTACHMENT 2.1.C. PRODUR ACTIVITY DETAIL: DUR SCREEN BY INTERVENTION SUMMARY	62
	ATTACHMENT 2.1.D. PRODUR ACTIVITY DETAIL: DUR SCREEN BY OUTCOME SUMMARY	63
	ATTACHMENT 2.1.E. PRODUR REPORT OF PHARMACIST INTERVENTION & OUTCOME OVERRIDES	64
	ATTACHMENT 2.1.F. PRODUR REPORT BY DRUG COMBINATIONS	65
	ATTACHMENT 2.2. PA ACTIVITY SUMMARY	73
	ATTACHMENT 2.2.A. DETAILED PA ACTIVITY BY PA TYPE: REGULAR & MISC. PA	74
	ATTACHMENT 2.2.B. DETAILED PA ACTIVITY BY PA TYPE: PDL PA	75
VI.	<b>ATTACHMENT 3 RETRODUR ACTIVITY-FFY 2007</b>	<b>77</b>
	ATTACHMENT 3.1. INDIANA RETRODUR PROCEDURES	79
	ATTACHMENT 3.2. RETRODUR INTERVENTIONS BY PROBLEM CATEGORY	80
	ATTACHMENT 3.3. RETRODUR ACTIVITY BY MONTH	80
	ATTACHMENT 3.4. RETRODUR EXCEPTIONS (PATIENTS SCREENED) & INTERVENTIONS BY THERAPEUTIC CLASS	81
	ATTACHMENT 3.5. RETRODUR INTERVENTIONS PERFORMED-DESCRIPTION	88
VII.	<b>ATTACHMENT 4 SUMMARY OF DUR BOARD ACTIVITIES</b>	<b>89</b>
	ATTACHMENT 4.1. PROSPECTIVE DUR CRITERIA CHANGES	93
	ATTACHMENT 4.2. RETRODUR CRITERIA CHANGES (& ADDITIONS)	94
	ATTACHMENT 4.3. INDIANA DUR BOARD CONDENSED MEETING MINUTES	95
	ATTACHMENT 4.4. DUR BOARD NEWSLETTERS	135
VIII.	<b>ATTACHMENT 5 POLICIES ON USE OF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS</b>	<b>148</b>
	ATTACHMENT 5.1. GENERIC UTILIZATION	149
	ATTACHMENT 5.2. GENERIC SUBSTITUTION LAW	151
	ATTACHMENT 5.3. ADMINISTRATIVE CODE 405 IAC 5-24-8	154
IX.	<b>ATTACHMENT 6 DUR PROGRAM EVALUATION: SAVINGS ANALYSES</b>	<b>155</b>
	ATTACHMENT 6.1. PRODUR SAVINGS SUMMARY	161
	ATTACHMENT 6.2. ALL RETRODUR PROGRAMS SAVINGS SUMMARY	170

## CMS SURVEY

### DRUG UTILIZATION REVIEW (DUR) ANNUAL REPORT FEDERAL FISCAL YEAR 2007

**I. STATE CODE**

IN

**II. MEDICAID AGENCY STAFF PERSON RESPONSIBLE FOR DUR  
ANNUAL REPORT PREPARATION**

Name	Michael Sharp, R.Ph., Director of Pharmacy
Street Address	Office of Medicaid Policy & Planning, Room W-382 Indiana Government Center South, 402 West Washington Street
City/State/ZIP	Indianapolis, Indiana 46204-2739
Area Code/Phone Number	(317) 234-3635

Name	Marc Shirley, R.Ph., OMPP Pharmacy Manager
Street Address	Office of Medicaid Policy & Planning, Room W-382 Indiana Government Center South, 402 West Washington Street
City/State/ZIP	Indianapolis, Indiana 46204-2739
Area Code/Phone Number	(317) 232-4343

**III. PROSPECTIVE DUR**

1. During Federal Fiscal Year 2007 prospective DUR was conducted: (check those applicable)

- a) ☐ By individual pharmacies on-site.
- b) ☐ On-line through approved electronic drug claims management system.
- c) ☒ Combination of (a) and (b).

2. (a) States conducting prospective DUR on-site have included as **ATTACHMENT 1** (check one):

- ☐ Results of a random sample of pharmacies within the State pertaining to their compliance with OBRA 1990 prospective DUR requirements.
- ☒ Results of State Board of Pharmacy monitoring of pharmacy compliance with OBRA 1990 prospective DUR

requirements.

\_\_\_\_\_ Results of monitoring of prospective DUR conducted by State Medicaid agency or other entities.

- (b) States conducting prospective DUR on-line have included as **ATTACHMENT 1** a report on State efforts to monitor pharmacy compliance with the oral counseling requirement.

Yes   X   No           

3. States conducting prospective DUR on-site plans with regards to establishment of an ECM system. State:
- \_\_\_\_\_ Has no plan to implement an ECM system with prospective DUR capability.
- \_\_\_\_\_ Plans to have an operational ECM system with prospective DUR in FFY 2007 or later.

#### **STATES PERFORMING PROSPECTIVE DUR ON-SITE SKIP QUESTIONS 4-8**

4. States conducting prospective DUR through an operational on-line POS system provide the following information:
- a) Operational date   09/95   (MM/YY) on which on-line POS system began accepting drug claims for adjudication from providers.
- b) Operational date   03/96   (MM/YY) on which on-line POS system began conducting prospective DUR screening.
- c) Percentage of Medicaid prescriptions processed by ECM system (where applicable) in FFY 2007.   99.86   % by EDS.
- d) Identify ECM vendor.  
**Electronic Data Systems (EDS) 09/26/2005-09/30/2007**  
(company, academic institution, other organization)
- 1) Was system developed in house? Yes   X   No
- 2) Is vendor Medicaid Fiscal agent? Yes   X   No
- e) Identify prospective DUR (source of criteria).  
**First Data Bank with review and approval of DUR Board**  
(company, academic institution, other organization)
5. With regard to prospective DUR criteria from the vendor identified in 4 (d) above, the DUR Board: (Check one)
- (a)            Approved in FFY 2007 all criteria submitted by the vendor.

- (b)   X   Chose to approve selected criteria submitted by the vendor.
6. States checking 5 (b) have provided **DUR criteria** data requested on **enclosed Table 1.** Yes   X   No
7. State prospective DUR screening includes screens run before obtaining DUR Board approval of criteria. Yes        No   X
8. States conducting prospective DUR using an ECM system have included **ATTACHMENT 2.** Yes   X   No

#### IV. **RETROSPECTIVE DUR**

1. Identify your retrospective DUR vendor during FFY 2007.  
**Affiliated Computer Services (ACS) Health Management Solutions**  
(company, academic institution or other organization)
- a) Is the retrospective DUR vendor also the Medicaid fiscal agent?  
Yes            No   X
- b) Is your current retrospective DUR vendor contract subject to re-bid in FFY 2007?  
Yes   X   No

If your vendor changed during FFY 2007, identify your new vendor.

**No Changes in FFY 2007. RetroDUR contract re-awarded to ACS, Inc.**  
(company, academic institution or other organization)

- c) Is this retrospective DUR vendor also the Medicaid fiscal agent?  
Yes            No   X
- d) Is this retrospective DUR vendor also the developer/supplier of your retrospective DUR criteria? Yes   X   No
2. If your answer to question 1(c) or 1(d) above is no, identify the developer/supplier of your retrospective DUR criteria.  
**ACS, Inc. Health Management Solution Division**  
(company, academic institution, or other organization)
3. Did DUR Board approve all retrospective DUR criteria supplied by the criteria source identified in questions 1(c) and 2 above? Yes   X   No
4. States performing retrospective DUR have provided DUR Board approved criteria data requested on enclosed hardcopy **Table 2.**  
Yes   X   No

5. States conducting retrospective DUR have included **ATTACHMENT 3**.  
Yes   **X**   No

**V. DUR BOARD ACTIVITY**

1. States have included a brief description of DUR Board activities during FFY 2007 as **ATTACHMENT 4**. Yes   **X**   No
2. States have included a brief description of policies used to encourage the use of therapeutically equivalent generic drugs as **ATTACHMENT 5**.  
Yes   **X**   No

**VI. PROGRAM EVALUATION/COST SAVINGS**

1. Did your State conduct a DUR program evaluation/cost savings estimate in FFY 2007? Yes   **X**   No
2. Did you use Guidelines for Estimating the Impact of Medicaid DUR as the basis for developing your program evaluation/cost savings estimate?  
Yes   **X**   No

3. Who conducted your program evaluation/cost savings estimate?

**Affiliated Computer Services (ACS) Health Management Solutions**  
(company, academic institution, or other organization)

4. States have provided as **ATTACHMENT 6** the program evaluations/cost savings estimates. Yes   **X**   No

## TABLE 1 PROSPECTIVE DUR CRITERIA – INDIANA MEDICAID

### Approval Process

FOR EACH PROBLEM TYPE BELOW.

LIST (DRUGS/ DRUG CATEGORY/ DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN- DEPTH REVIEWS.  
PLEASE INDICATE WITH AN ASTERISK (\*) THOSE FOR WHICH CRITERIA WERE ADOPTED.

\* Adoption & Implementation Dates were all prior to FFY 2003 or FFY 2005 (Growth Hormone)

^ Adoption & Implementation Date was FFY 2006 (acetaminophen)

+ Adoption & Implementation Date was FFY 2007 (Jan07-Therapeutic Duplication. Jun07-Dose Op. of Certain Mental Health Drugs)

<u>INAPPROPRIATE DOSE or DOSE OPTIMIZATION</u>	<u>THERAPEUTIC DUPLICATION</u>	<u>DRUG ALLERGY INTERACTION</u>
1. *Triptans (Qty Limits; >Qty needs PA)	1. *See Table 1.A.2	1. _____
2. *+Certain Mental Health Drugs (Qty Limits; >Qty needs PA) – See Table 1.B	2. *+Certain Mental Health Drugs (TD needs PA) – See Table 1.B	2. _____
3. _____	3. _____	3. _____
<u>INAPPROPRIATE DURATION</u>	<u>DRUG/ DRUG INTERACTIONS</u>	<u>DRUG DISEASE CONTRAINDICATION</u>
1. *Over-utilization (Early Refill) All Drug Products (Requires PA)	1. *Severity Level 1 (Requires PA)	1. *See Table 1.A.1
2. *Under-utilization (Late Refill) Anti-Convulsants, Oral Hypoglycemics, ACE Inhibitors, Xanthines	2. _____	2. *Growth Hormone (Requires PA)
3. *34-Day Supply for Non-Maintenance (Requires PA)	3. _____	3. _____
<u>OTHER</u> <u>DRUG PREGNANCY</u> <i>(specify)</i>	<u>OTHER</u> <u>HIGH DOSE</u> <i>(specify)</i>	<u>OTHER</u> <u>DRUG-AGE/PEDIATRIC</u> <i>(specify)</i>
1. *Severity Level X	1. *All Drug Products	1. *Severity Level 1
2. *Severity Level D	2. * ^Plan Limits: All Drugs containing acetaminophen > 3 grams/day requires PA (PA for only 10 days and only for up to 4 grams/day)	2. _____
3. *Severity Level 1	3. _____	3. _____

## TABLE 1.A. PROSPECTIVE DUR CRITERIA - DETAILED

### TABLE 1.A.1 Drug-Disease Criteria

The DUR Board chose NDCs that infer a disease instead of using medical claims and ICD-9 diagnosis codes. Below are the criteria that were approved.

<u>INFERRED DISEASE</u>	<u>INFERRING DRUG(S)</u>	<u>DISEASE DURATION</u>	<u>CONTRAIND DRUG(S)</u>
Alcoholism	Disulfiram	Lifetime	Benzamphetamine Diethylpropion Fenfluramine MAO-Is Mazindol Phenmetrazine Phendimetrazine Phentermine Methotrexate Bexarotene
Alzheimer's	Tacrine	Lifetime	Aluminum
Arrhythmias	Procainamide	Lifetime	Dopamine Probucol Bepridil Itraconazole Ibutilide Dofetilide
Calcium Renal Calculi Prophylaxis	Cellulose sodium phosphate	Lifetime	Calcium phosphate Calcium carbonate
Chronic Angina Pectoris	Bepridil	Lifetime	Serotonin 5-HT1 Agonists Yohimbine Aldesleukin
Congestive Heart Failure	Amrinone Milrinone	Lifetime Lifetime	Cyclobenzaprine MAO-Is Pargyline Procarbazine Sodium phos laxatives Propranolol Iothalamate Albumin Hetastarch Corticotropin Gold salt compounds Doxorubicin Metformin Itraconazole Daunorubicin Iodixanol Sibutramine Cilostazol

TABLE 1 PRODUR CRITERIA -DETAILED--continued--

TABLE 1.A.1 -- continued -- Drug-Disease Criteria (continued)

<u>INFERRED DISEASE</u>	<u>INFERRING DRUG(S)</u>	<u>DISEASE DURATION</u>	<u>CONTRAIND DRUG(S)</u>
Cushing's Syndrome	Trilostane	Lifetime	Corticotropin
Diabetes Mellitus	Antidiabetic Drugs Acetohexamide Glipizide Glyburide Tolbutamide Tolazamide Insulin	Lifetime	Lactulose
Diarrhea	Attapulgate Diphenoxylate/Atropine Kaolin/pectin/belladonna Opium/Paregoric Loperamide	Finite	Magnesium Magaldrate Irinotecan Poliovirus vaccine
Epilepsy	Mephenytoin Doxapram Maprotiline Metoclopramide Piperazine	Lifetime	Bupropion
Hyperkalemia citrate	Sodium polystyrene Sulfonate	Lifetime	Amiloride Potassium/sodium  Spironolactone Methazolamide Triamterene Acetazolamide Mesoridazine Dichlorphenamide
Hypertension	Alseroxylon Benazapril-Amlopidipine B-Blockers plus: Bendroflumethiazide Chlorthalidone HCTZ Losarten Moexipril	Lifetime	Benzamphetamine Diethylpropion Fenfluramine Mazindol Methylethergonovine Phentermine Sodium phos laxatives Dozapram Phenmetrazine Phendimetrazine Dextrothyroxine Anistlepase Corticotropin Gold salt compounds

TABLE 1 PRODUR CRITERIA-DETAILED --continued--

**TABLE 1.A.1 Drug-Disease Criteria -- (continued)**

<u>INFERRED DISEASE</u>	<u>INFERRING DRUG(S)</u>	<u>DISEASE DURATION</u>	<u>CONTRAIND DRUG(S)</u>
Hyperthyroidism	Methimazole Propylthiouracil	Lifetime	Benzamphetamine Cyclobenzaprine Diethylpropion Phendimetrazine Phenmetrazine Phentermine Ritodrine Midodrine Arbutamine
Mental Depression	Amoxapine	Lifetime	Flurazepam Bupropion Diazepam MAO-I Clomiphene Nortriptyline Metoclopramide Venlafaxine Interferon-Alpha 2B
Myasthenia gravis	Ambenonium	Lifetime	Orphenadrine Streptomycin Gentamicin Tobramycin Amikacin Netilmicin Doxacurium
Parkinsonism	Carbidopa/Levodopa Levodopa Pergolide Selegiline	Lifetime	Haloperidol Streptomycin Gentamicin Tobramycin Amikacin Netilmicin Gramicidin
Peripheral Vascular Disease	Pentoxifylline	Lifetime	Methylergonovine Dihydroergotamine Serotonin 5-HT1
Agonists			
Pheochromocytoma	Metyrosine	Lifetime	MAO-Is Metoclopramide Pargyline Droperidol Dopamine Metoclopramide Midodrine

TABLE 1 PRODUR CRITERIA-DETAILED--continued--

**TABLE 1.A.1 Drug-Disease Criteria -- (continued)**

<u>INFERRED DISEASE</u>	<u>INFERRING DRUG(S)</u>	<u>DISEASE DURATION</u>	<u>CONTRAIND DRUG(S)</u>
Prostatic Cancer	Busereline Estramustine Flutamide	Lifetime	Fluoxymesterone Methyltestosterone Nadrolone Oxandrolone Oxymetholone Prasterone Testosterone HCG Hormone
Psychotic disorders	Acetophenazine Molindone Promazine Thiothixene Trifluoperazine	Lifetime	Mazindol Flurazepam
Tuberculosis	Capreomycine Pyrazinamide	Lifetime	Infliximab
Urinary tract infection	Cinoxacin Methenamine Naladixic acid Nitrofurantoin	Finite	BCG live Potassium/Sodium citrate
Ventricular arrhythmias	Encainide Esmolol Flecainide Mexiletine Morizine Sotalol Tocainide	Lifetime	Bepiridil Dopamine Probucol Itraconazole Ibutilide Dofetilide
Wilson's Disease	Turpentine	Lifetime	Copper supplements

TABLE 1 PRODUR CRITERIA-DETAILED--continued--

**TABLE 1.A.2 Therapeutic Duplication Alert Criteria**

<b>Class Code</b>	<b>Description</b>
<b><u>Cardiovascular Agents</u></b>	
A1C	Inotropic Drugs
A2A	Antiarrhythmics
A4A	Hypotensives, Vasodilators
A4B	Hypotensives, Sympatholytic
A4C	Hypotensives, Ganglionic Blockers
A4E	Hypotensives, Veratrum Alkaloids
A4Y	Hypotensives, Miscellaneous
A7A	Vasoconstrictors, Arteriolar
A7B	Vasodilators, Coronary
A7C	Vasodilators, Peripheral
A7D	Vasodilators, Peripheral (continued)
Z4D	Prostacyclines
<b><u>ACE Inhibitors and Antagonists</u></b>	
A4D	Hypotensives, ACE Inhibitors
A4F	Hypotensives, Angiotensin Receptor Antagonists
A4K	ACE Inhibitor/Calcium Channel Blocker Combination
<b><u>Calcium Channel Blocking Agents</u></b>	
A9A	Calcium Channel Blockers
<b><u>H2-Antagonists</u></b>	
D4E	Anti-Ulcer Preparations
D4F	Anti-Ulcer H. Pylori Agents
Z2D	Histamine H2-Receptor Inhibitors
<b><u>Phenothiazines</u></b>	
H2G	Anti-Psychotics, Phenothiazines
H2I	Anti-Psychotics, Phenothiazines (continued)
<b><u>Antidepressants</u></b>	
H2J	Antidepressants
H2K	Antidepressants Combinations
H2N	Antidepressants (continued)
H2S	Selective Serotonin Reuptake Inhibitors (SSRIs)
H2U	Tricyclic Antidepressants & Rel. Non-Sel. Reuptake Inhibitors
H2W	Tricyclic Antidepressants/Phenothiazine Comb
H2X	Tricyclic Antidepressants/Benzodiazepine Comb
H2Y	Tricyclic Antidepressants/Non-Phenothiazine comb.
H7A	Tricyclic ADP/Phenothiazine/Benzodiazepines
H7B	Alpha-2 Receptor Antagonist Antidepressants
H7C	Serotonin-Norepinephrine Reuptake Inhibitors
H7D	Norepinephrine & Dopamine Reuptake Inhibitors
H7E	Serotonin 2-Antagonist/Reuptake Inhibitors
H7F	Selective Norepinephrine Reuptake Inhibitors
H7G	Serotonin and Dopamine Reuptake Inhibitors
H7H	Serotonin Specific Reuptake Inhibitor/Ergot Comb
H7I	Antidepressant/Barb/Belladonna Alkaloid Comb

TABLE 1 PRODUR CRITERIA-DETAILED--continued--

TABLE 1.A.2 -- (continued) Therapeutic Duplication Alert Criteria -- (continued)

Class Code	Description
<b><u>Antidepressants - continued -</u></b>	
H7J	MAOIs-Non Selective and Irreversible
H7K	MAOIs-A Selective and Reversible (RIMA)
H7L	MAOIs N-S & Irreversible/Phenothiazine Comb
H7M	Antidepressant/Carbamate Anxiolytic Combination
<b><u>Narcotic Analgesics</u></b>	
H3A	Analgesics, Narcotics
H3B	Analgesics, Narcotics (continued)
H3H	Analgesics Narcotic, Anesthetic Adjunct Agents
<b><u>Non-Narcotic Analgesics</u></b>	
H3C	Analgesics, Non-Narcotics
H3E	Analgesics/Antipyretics, Non-Salicylates
H3F	Antimigraine Preparations
H3G	Analgesics, Miscellaneous
<b><u>Alpha and Beta Blockers</u></b>	
J7A	Alpha/Beta-Adrenergic Blocking Agents
J7B	Alpha-Adrenergic Blocking Agents
J7C	Beta-Adrenergic Blocking Agents
J7D	Beta-Adrenergic Blocking Agents (continued)
J7E	Alpha-Adrenergic Blocking Agent/Thiazide Comb
<b><u>Anti-Lipidemics</u></b>	
M4E	Lipotropics
M4F	Lipotropics (continued)
<b><u>Diuretics</u></b>	
R1B	Osmotic Diuretics
R1C	Inorganic Slat Diuretics
R1D	Mercurial Diuretics
R1E	Carbonic Anhydrase Inhibitors
R1F	Thiazide and Related Diuretics
R1G	Thiazide and Related Diuretics (continued)
R1H	Potassium Sparing Diuretics
R1J	Aminouracil Diuretics
R1K	Diuretics, Miscellaneous
R1L	Potassium Sparing Diuretics in Combination
R1M	Loop Diuretics
<b><u>NSAIDS and Salicylates</u></b>	
S2B	NSAIDS, Cyclooxygenase Inhibitor Type
S2D	NSAIDS, Cyclooxygenase Inhibitor Type (continued)
S2E	NSAIDS, Cyclooxygenase Inhibitor Type (continued)
S2H	Anti-Inflammatory/Antiarthritic Agents, Misc.
S2I	Anti-Inflammatory, Pyrididine Synthesis Inhibitors
S2L	NSAIDS, Cyclooxygenase 2 Inhibitor Type
S7C	Skeletal Muscle Relaxant & Salicylates Combination
H3D	Analgesics/Antipyretics, Salicylates

TABLE 1 PRODUR CRITERIA-DETAILED--continued--

TABLE 1.A.2 -- (continued) Therapeutic Duplication Alert Criteria -- (continued)

<b>Class Code</b>	<b>Description</b>
<b><u>Antimicrobial Products</u></b>	
W1A	Penicillins
W1B	Cephalosporins
W1C	Tetracyclines
W1D	Macrolides
W1E	Chloramphenicol and Derivatives
W1F	Aminoglycosides
W1G	Antitubercular Antibiotics
W1H	Aminocyclitols
W1I	Penicillins (continued)
W1J	Vancomycin and Derivatives
W1K	Lincosamides
W1L	Antibiotics, Miscellaneous, Other
W1M	Streptogramins
W1N	Polymyxin and Derivatives
W1O	Oxazolidinones
W1P	Betalactams
W1Q	Quinolones
W1R	Beta-Lactamase Inhibitors
W1S	Carbapenams (Thienamycins)
W1T	Cephalosporins (continued)
W1U	Quinolones (continued)
W1V	Steroidal Antibiotics
W1W	Cephalosporins – 1 <sup>st</sup> Generation
W1X	Cephalosporins – 2 <sup>nd</sup> Generation
W1Y	Cephalosporins – 3 <sup>rd</sup> Generation
W2A	Absorbable Sulfonamides
W2B	Nonabsorbable Sulfonamides
W2C	Absorbable Sulfonamides (continued)
W2E	Nitrofurans Derivatives
W2Y	Anti-Infectives, Misc. (Antibacterials)

## CMS FFY 2007 - INDIANA MEDICAID

### TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA

#### **DD – Drug-Drug Interaction PA Criteria**

The DUR Board approved a transition to hard edits that required PA for Severity Level 1 interactions beginning 1/15/2003.

#### **ER - Early Refill Alert PA Criteria**

Implemented 7/1/2002, Early Refill editing is in place and all edits are hard edits *except* for those drugs or drug classes in the table below. Hard edits require a prior authorization before claims payment. Exceptions to this (online override [A] and Ignore / Inactive [I]) are in the table below:

Class Description	Alert Status (A-POS Override; I-Inactive)
Q6I Eye Antibiotic-Corticoid Combinations	A
Q6R Eye Antihistamines	A
Q6P Eye Anti-inflammatory Agents	A
Q6Y Eye Preparations, Miscellaneous (OTC)	A
Q6S Eye Sulfonamides	A
M0F Factor IX Preparations	A
Q6G Miotics/Other Intraoc. Pressure Reducers	A
Q6W Ophthalmic Antibiotics	A
Q6U Ophthalmic Mast Cell Stabilizers	A
Q6A Ophthalmic Preparations, Miscellaneous	A
WG8 Antiseptics, General	I
Y5A Braces and Related Devices	I
W1I Chemotherapy Rescue/Antidote Agents	I
C5F/C5T Dietary Supplement, Miscellaneous	I
C5C Infant Formulas	I
W8F Irrigants	I
X2A Needles/Needle less Devices	I
C5U Nutritional Therapy, Med Cond Special Formulation	I
Y7A Respiratory Aids, Devices, Equipment	I
X2B Syringes and Accessories	I

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

**TD –Therapeutic Duplication PA Criteria**

(Implemented 7/22/2003; Removed from PA to pharmacist overridable edit on 6/2004)

Angiotensin Converting Enzyme Inhibitors (ACEIS)

Angiotensin Receptor Blockers (ARBS)

Calcium Channel Blocking Agents

Anti-Hyperlipidemics

Osmotic Diuretics

Inorganic Salt Diuretics

Mercurial Diuretics

Carbonic Anhydrase Inhibitors

Thiazide and Related Diuretics

Potassium-Sparing Diuretics

Aminouracil Diuretics

Potassium-Sparing Diuretics in Combination

Loop Diuretics

Penicillins

Tetracyclines

Macrolides

Chloamphenicol and Derivatives

Aminoglycosides

Antitubercular Antibiotics

Streptogramins

Aminocyclitols

Vancomycin and Derivatives

Lincosamides

Polymyxin and Derivatives

Oxazolidinediones

Betalactams

Quinolones

Beta-Lactamase Inhibitors

Carbapenems (Thienamycins)

Cephalosporins – 1<sup>st</sup> Generation

Cephalosporins – 2<sup>nd</sup> Generation

Cephalosporins – 3<sup>rd</sup> Generation

Cephalosporins – 4<sup>th</sup> Generation

Absorbable Sulfonamides

Non-Absorbable Sulfonamides

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

### **HD – High Dose PA Criteria**

(Implemented 3/28/2003: Removed from PA to pharmacist overridable edit on 6/2004;  
Switched back to hard edit: acetaminophen > 3 grams per day implemented June 2006)

**Exceptions (covered by specific PDL or hard edit) :** acetaminophen (APAP) >3g per day  
All Drugs containing APAP >3g per day

### **Exemptions from Hard Edits or PAs (Soft Overridable Edits at Point of Sale by Pharmacists):**

<b>Class or GCN Code</b>	<b>Descriptions</b>
J5D	Beta-Adrenergic Agents
Q8B	Ear Preparations, Misc Anti-infectives
Q8W	Ear Preparations, Antibiotics
Q8H	Ear Preparations, Local Anesthetics
Q6I	Eye Antibiotic-Corticoid Combinations
Q6R	Eye Antihistamines
Q6P	Eye Anti-inflammatory Agents
Q6V	Eye Antivirals
Q6H	Eye Local Anesthetics
Q6S	Eye Sulfonamides
Q6C	Eye Vasoconstrictors (Rx only)
Q6G	Miotics/Other Intraoc. Pressure Reducers
H2A	Central Nervous System Stimulants
J1B	Cholinesterase Inhibitors
32480, 32481	Guanfacine HCl
01390, 01391, 01392	Clonidine HCl
H2H, H7L, H7K, H7J	Monoamine Oxidase (MAO) Inhibitors
H2E, H2Q	Selective-Hypnotics, Non-Barbiturate
H2S, H7H	Serotonin Specific Reuptake Inhibitor
H7E	Serotonin-2 Antagonist/Reuptake Inhibitors
H7C	Serotonin-Norepinephrine Reuptake-Inhibitor
H2X	Tricyclic Antidepressant/Benzodiazepine Combinations
H2W	Tricyclic Antidepressant/Phenothiazine Combinations
H2U	Tricyclic Antidepressant & Rel. Non-Sel. Reuptake Inhibit
H2L, H2O	Anti-Psychotics, Non-Phenothiazines
H2G, H2I	Anti-Psychotics, Phenothiazines
H4B, H4C	Anticonvulsants
H7P	Barbiturates
A9A	Calcium Channel Blocking Agents
Q6W	Ophthalmic Antibiotics
Q6U	Ophthalmic Mast Cell Stabilizers
Q6A	Ophthalmic Preparations, Miscellaneous
H2F, H2P	Anti-Anxiety Drugs
H2M	Anti-Mania Drugs
H2V	Anti-Narcolepsy/Anti-Hyperkinesis Agents

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

**MX – Inappropriate Duration PA Criteria**

**PA Criteria for 34-Day Supply Limit for Non-Maintenance Medications**

(Implemented 7/1/2002)

All non-maintenance drug claims associated with the PDL requiring quantities greater than a 34-day supply will deny and require PA at the pharmacy POS. As with BMN, two distinct PAs will be required for claim approval, one for the PDL and one for the 34-day supply limitation. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense greater than a 34-day supply of the product.

All non-maintenance drug claims not associated with the PDL that require quantities greater than a 34-day supply deny at the pharmacy POS and PA is required. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense greater than the 34-day supply of the product.

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

## 2007 Mental Health Quality Advisory Committee Initiatives (MHQAC)

### Therapeutic Duplication -- Implementation of MHQAC Quality Edits

On January 1, 2007, clinical edits were implemented to address polypharmacy utilization of behavioral health medications. The purpose of these edits was to prevent drug regimens that were considered inappropriate.

The Mental Health Quality Edits applied to the clinical situations listed below:

#### **Prior Authorization Requirement Descriptions**

Three or more antipsychotic medications
Two or more typical antipsychotics medications
Three or more atypical antipsychotics medications
Three or more antidepressants medications, excluding trazodone
Two or more tricyclic antidepressants medications
Three or more benzodiazepines medications

### Dose Optimization -- Implementation of MHQAC Utilization Edits

Utilization edits for mental health medications were implemented on June 19, 2007. The utilization edits set a limit on the quantity of medication allowed per day. The edits address opportunities to optimize dosing of medication to more cost effective drug regimen. Pharmacy claims that exceed quantities listed below require a prior authorization before payment:

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
ABILIFY 1MG/ML SOLUTION	30ml/day
ABILIFY 2MG TABLET	1/day
ABILIFY 5MG TABLET	1.5/day
ABILIFY 10MG TABLET	1/day
ABILIFY 15MG TABLET	1/day
ABILIFY 20MG TABLET	2/day
ABILIFY 30MG TABLET	1/day
ABILIFY DISCMELT 10MG TABL	2/day
ABILIFY DISCMELT 15MG TABL	2/day
ADDERALL XR 5MG CAPSULE SA	1/day
ADDERALL XR 10MG CAPSULES	1/day
ADDERALL XR 15MG CAPSULES	1/day
ADDERALL XR 20MG CAPSULES	2/day
ADDERALL XR 25MG CAPSULES	2/day
ADDERALL XR 30MG CAPSULES	2/day
ALPRAZOLAM 0.25MG TABLET	4/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
ALPRAZOLAM 0.5MG TABLET	4/day
ALPRAZOLAM 1MG TABLET	4/day
ALPRAZOLAM 2MG TABLET	4/day
ALPRAZOLAM 1MG/ML ORALCON	4ml/day
ALPRAZOLAM XR 0.5MG TABLET	1/day
ALPRAZOLAM XR 1MG TABLET	1/day
ALPRAZOLAM XR 2MG TABLET	1/day
ALPRAZOLAM XR 3MG TABLET	1/day
AMBIEN 5MG TABLET	1/day
AMBIEN 10MG TABLET	1/day
AMBIEN CR 6.25MG TABLET	1/day
AMBIEN CR 12.5MG TABLET	1/day
AMITRIPTYLINE HCL 10MG TAB	3/day
AMITRIPTYLINE HCL 25MG TAB	3/day
AMITRIPTYLINE HCL 50MG TAB	3/day
AMITRIPTYLINE HCL 75MG TAB	3/day
AMITRIPTYLINE HCL 100MG TA	3/day
AMITRIPTYLINE HCL 150MG TA	3/day
AMPHETAMINE SALTS 5MG TAB	3/day
AMPHETAMINE SALTS 7.5MG TA	3/day
AMPHETAMINE SALTS 10MG TAB	3/day
AMPHETAMINE SALTS 12.5MG T	3/day
AMPHETAMINE SALTS 15MG TAB	3/day
AMPHETAMINE SALTS 20MG TAB	3/day
AMPHETAMINE SALTS 30MG TAB	3/day
ARICEPT 5MG TABLET	1/day
ARICEPT 10MG TABLET	1/day
ARICEPT ODT 5MG TABLET	1/day
ARICEPT ODT 10MG TABLET	1/day
BUPROPION HCL 75MG TABLET	4/day
BUPROPION HCL 100MG TABLET	4/day
BUPROPION SR 100MG TABLET	2/day
BUPROPION SR 150MG TABLET	2/day
BUPROPION HCL SR 200MG TAB	2/day
BUSPIRONE HCL 5MG TABLET	3/day
BUSPIRONE HCL 7.5MG TABLET	3/day
BUSPIRONE HCL 10MG TABLET	3/day
BUSPIRONE HCL 15MG TABLET	3/day
BUSPIRONE HCL 30MG TABLET	2/day
BUTISOL SODIUM 30MG/5 ML E	3/day
BUTISOL SODIUM 30MG TABLET	3/day
BUTISOL SODIUM 50MG TABLET	2/day
CHLORAL HYDRATE 250MG/5ML	20ml/day
CHLORAL HYDRATE 500MG/5 ML	10ml/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
CHLORAL HYDRATE 500MGCAPS	2/day
CHLORAL HYDRATE 500MGSUPP	2/day
CHLORDIAZEPOXIDE 5MG CAP	4/day
CHLORDIAZEPOXIDE 10MG CAP	4/day
CHLORDIAZEPOXIDE 25MG CAP	4/day
CHLORPROMAZINE 10MG TABLET	4/day
CHLORPROMAZINE 25MG TABLET	4/day
CHLORPROMAZINE 50MG TABLET	4/day
CHLORPROMAZINE100MGTABLET	4/day
CHLORPROMAZINE200MGTABLET	4/day
CITALOPRAM 10MG/5 ML SOLUT	20ml/day
CITALOPRAM HBR 10MG TABLET	1/day
CITALOPRAM HBR 20MG TABLET	1/day
CITALOPRAM HBR 40MG TABLET	1/day
CLOMIPRAMINE 25MG CAPSULE	2/day
CLOMIPRAMINE 50MG CAPSULE	5/day
CLOMIPRAMINE 75MG CAPSULE	3/day
CLONAZEPAM .125MG DIS TAB	3/day
CLONAZEPAM .25MG DIS TAB	3/day
CLONAZEPAM 0.5MG DIS TAB	3/day
CLONAZEPAM 1MG DIS TABLET	3/day
CLONAZEPAM 2MG DIS TAB	3/day
CLONAZEPAM 0.5 MG TABLET	3/day
CLONAZEPAM 1MG TABLET	3/day
CLONAZEPAM 2MG TABLET	3/day
CLONIDINE HCL 0.1MG TABLET	10/day
CLONIDINE HCL 0.2MG TABLET	10/day
CLONIDINE HCL 0.3MG TABLET	8/day
CLORAZEPATE 3.75MG TABLET	4/day
CLORAZEPATE 7.5MG TABLET	4/day
CLORAZEPATE 15MG TABLET	4/day
CLOZAPINE 12.5MG TABLET	3/day
CLOZAPINE 25MG TABLET	3/day
CLOZAPINE 50MG TABLET	3/day
CLOZAPINE 100MG TABLET	6/day
CLOZAPINE 200MG TABLET	3/day
COGNEX 10MG CAPSULE	4/day
COGNEX 20MG CAPSULE	4/day
COGNEX 30MG CAPSULE	4/day
COGNEX 40MG CAPSULE	4/day
CONCERTA 18MG TABLET SA	1/day
CONCERTA 27MG TABLET SA	1/day
CONCERTA 36MG TABLET SA	2/day
CONCERTA 54MG TABLET SA	2/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
CYMBALTA 20MG CAPSULE	2/day
CYMBALTA 30MG CAPSULE	2/day
CYMBALTA 60MG CAPSULE	1/day
D-AMPHETAMINE 5MG CAP SA	2/day
D-AMPHETAMINE 15MG CAP SA	2/day
DAYTRANA 10MG/9 HR PATCH	1/day
DAYTRANA 15MG/9 HR PATCH	1/day
DAYTRANA 20MG/9 HOUR PATCH	1/day
DAYTRANA 30MG/9 HOUR PATCH	1/day
DESIPRAMINE 10MG TABLET	4/day
DESIPRAMINE 25MG TABLET	2/day
DESIPRAMINE 50MG TABLET	2/day
DESIPRAMINE 75MG TABLET	2/day
DESIPRAMINE 100MG TABLET	3/day
DESIPRAMINE 150MG TABLET	2/day
DEXTROAMPHETAMINE 5MG TAB	3/day
DEXTROAMPHETAMINE 10MG TAB	3/day
DEXTROAMPHET 10MG SR CAPSULE	2/day
DIAZEPAM 2MG TABLET	4/day
DIAZEPAM 5MG TABLET	4/day
DIAZEPAM 10MG TABLET	4/day
DIAZEPAM 5MG/ML ORAL CONC	8ml/day
DORAL 7.5MG TABLET	1/day
DORAL 15MG TABLET	1/day
DOXEPIN 10MG/ML ORAL CONC	30ml/day
DOXEPIN 10MG CAPSULE	4/day
DOXEPIN 25MG CAPSULE	2/day
DOXEPIN 50MG CAPSULE	2/day
DOXEPIN 75MG CAPSULE	2/day
DOXEPIN 100MG CAPSULE	2/day
DOXEPIN 150MG CAPSULE	2/day
EFFEXOR XR 37.5MG CAPSULE	1/day
EFFEXOR XR 75MG CAPSULE	2/day
EFFEXOR XR 150MG CAPSULE	2/day
EMSAM 6MG/24 HOURS PATCH	1/day
EMSAM 9MG/24 HOURS PATCH	1/day
EMSAM 12MG/24 HOURS PATCH	1/day
EQUETRO 100MG CAPSULE	8/day
EQUETRO 200MG CAPSULE	8/day
EQUETRO 300MG CAPSULE	6/day
ERGOLOID MESYL 0.5MG TAB SL	3/day
ERGOLOID MESYL 1MG TAB SL	3/day
ERGOLOID MESYLATES 1MG TAB	3/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
ESTAZOLAM 1MG TABLET	1/day
ESTAZOLAM 2MG TABLET	1/day
EXELON 2MG/ML ORAL SOLUTIO	6ml/day
EXELON 1.5MG CAPSULE	2/day
EXELON 3MG CAPSULE	2/day
EXELON 4.5MG CAPSULE	2/day
EXELON 6MG CAPSULE	2/day
EXELON 4.6MG/24 HOUR PATCH	1/day
EXELON 9.5MG/24 HOUR PATCH	1/day
FAZACLO 25MG TABLET	3/day
FAZACLO 100MG TABLET	3/day
FLUOXETINE 20MG/5 ML SOLUT	20ml/day
FLUOXETINE HCL 10MG CAPSUL	1/day
FLUOXETINE HCL 10MG TABLET	1/day
FLUOXETINE HCL 20MG CAPSUL	4/day
FLUOXETINE HCL 20MG TABLET	4/day
FLUOXETINE HCL 40MG CAPSUL	2/day
FLUPHENAZINE 1MG TABLET	4/day
FLUPHENAZINE 2.5MG TABLET	4/day
FLUPHENAZINE 5MG TABLET	4/day
FLUPHENAZINE 10MG TABLET	4/day
FLURAZEPAM 15MG CAPSULE	1/day
FLURAZEPAM 30MG CAPSULE	1/day
FLUVOXAMINE MALEATE 25MG T	1/day
FLUVOXAMINE MALEATE 50MG T	1/day
FLUVOXAMINE MAL 100MG TAB	3/day
FOCALIN 2.5MG TABLET	2/day
FOCALIN 5MG TABLET	2/day
FOCALIN 10MG TABLET	4/day
FOCALIN XR 5MG CAPSULE	1/day
FOCALIN XR 10MG CAPSULE	1/day
FOCALIN XR 15MG CAPSULE	2/day
FOCALIN XR 20MG CAPSULE	2/day
GEODON 20MG CAPSULE	2/day
GEODON 40MG CAPSULE	2/day
GEODON 60MG CAPSULE	3/day
GEODON 80MG CAPSULE	3/day
HALOPERIDOL 0.5MG TABLET	3/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
HALOPERIDOL 1MG TABLET	3/day
HALOPERIDOL 2MG TABLET	3/day
HALOPERIDOL 5MG TABLET	3/day
HALOPERIDOL 10MG TABLET	3/day
HALOPERIDOL 20MG TABLET	3/day
HYDERGINE LC 1MG CAPSULE	3/day
HYDROXYZINE 10MG/5 ML SYRU	100ml/day
HYDROXYZINE HCL 10MG TABLE	4/day
HYDROXYZINE HCL 25MG TABLE	4/day
HYDROXYZINE HCL 50MG TABLE	8/day
HYDROXYZINE PAM 25MG CAP 4/day	4/day
HYDROXYZINE PAM 50MG CAP 4/day	4/day
HYDROXYZINE PAM 100MG CAP	4/day
IMIPRAMINE HCL 10MG TABLET	2/day
IMIPRAMINE HCL 25MG TABLET	1/day
IMIPRAMINE HCL 50MG TABLET	6/day
IMIPRAMINE PAMOATE 75MG CA	1/day
IMIPRAMINE PAMOATE 100MG C	3/day
IMIPRAMINE PAMOATE 125MG C	2/day
IMIPRAMINE PAMOATE 150MG C	2/day
INVEGA 3MG TABLET	1/day
INVEGA 6MG TABLET	2/day
INVEGA 9MG TABLET	1/day
LEXAPRO 5MG TABLET 1/day	1/day
LEXAPRO 10MG TABLET 1/day	1/day
LEXAPRO 20MG TABLET 1/day	1/day
LEXAPRO 5MG/5 ML SOLUTION	20ml/day
LIBRITABS 25MG TABLET	4/day
LORAZEPAM 0.5MG TABLET	4/day;max quantity 120
LORAZEPAM 1MG TABLET	4/day;max quantity 120
LORAZEPAM 2MG TABLET	4/day;max quantity 120
LOXAPINE SUCCINATE 5MG CA	4/day
LOXAPINE SUCCINATE 10MG CA	4/day
LOXAPINE SUCCINATE 25MG CAP	4/day
LOXAPINE SUCCINATE 50MG CA	4/day
LUNESTA 1MG TABLET	1/day
LUNESTA 2MG TABLET	1/day
LUNESTA 3MG TABLET	1/day
MARPLAN 10MG TABLET	3/day
MAPROTILINE 25MG TABLET	3/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
MAPROTILINE 50MG TABLET	3/day
MAPROTILINE 75MG TABLET	3/day
MEPROBAMATE 200MG TABLET	4/day
MEPROBAMATE 400MG TABLET	4/day
METADATE CD 10MG CAPSULE	1/day
METADATE CD 20MG CAPSULE	1/day
METADATE CD 30MG CAPSULE	1/day
METADATE CD 40MG CAPSULE	1/day
METADATE CD 50MG CAPSULE	1/day
METADATE CD 60MG CAPSULE	1/day
METADATE ER 10MG TABLET	3/day
METADATE ER 20MG TABLET	3/day
METHAMPHETAMINE HCL 5MG TA	PA
METHYLIN 2.5MG CHEWABLE TAB	3/day
METHYLIN 5MG CHEWABLE TAB	3/day
METHYLIN 10MG CHEWABLE TABL	3/day
METHYLIN 5MG/5 ML SOLUTION	60ml/day
METHYLIN 10MG/5 ML Solutio	30ml/day
METHYLIN ER 10MG TABLET SA	3/day
METHYLIN ER 20MG TABLET SA	3/day
METHYLPHENIDATE 5MG TABLE	3/day
METHYLPHENIDATE 10MG TABLE	3/day
METHYLPHENIDATE 20MG TABLET	3/day
METHYLPHENIDATE ER 20MG TA	3/day
MIRTAZAPINE 7.5MG TABLET	1/day
MIRTAZAPINE 15MG RPD DISLV	1/day
MIRTAZAPINE 15MG TABLET	1/day
MIRTAZAPINE 30MG RPD DISLV	1/day
MIRTAZAPINE 30MG TABLET	1/day
MIRTAZAPINE 45MG RPD DISLV	1/day
MIRTAZAPINE 45MG TABLET	1/day
MOBAN 5MG TABLET	4/day
MOBAN 10MG TABLET	4/day
MOBAN 25MG TABLET	4/day
MOBAN 50MG TABLET	4/day
MOBAN 100MG TABLET	3/day
NAMENDA 10MG/5 ML SOLUTION	10ml/day
NAMENDA 5MG TABLET	2/day
NAMENDA 10MG TABLET	2/day
NAMENDA 5-10MG TITRATION P	2/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
NARDIL 15MG TABLET	6/day
NEFAZODONE HCL 50MG TABLET	2/day
NEFAZODONE HCL 100MG TABLET	2/day
NEFAZODONE HCL 150MG TABLET	2/day
NEFAZODONE HCL 200MG TABLET	2/day
NEFAZODONE HCL 250MG TABLET	2/day
NIRAVAM 0.25MG TABLET	3/day
NIRAVAM 0.5MG TABLET	3/day
NIRAVAM 1MG TABLET	3/day
NIRAVAM 2MG TABLET	3/day
NORPRAMIN 25MG TABLET	2/day
NORPRAMIN 50MG TABLET	2/day
NORTRIPTYLINE 10MG/5 ML SO	20ml/day
NORTRIPTYLINE HCL 10MG CAP	4/day
NORTRIPTYLINE HCL 25MG CAP	4/day
NORTRIPTYLINE HCL 50MG CAP	3/day
NORTRIPTYLINE HCL 75MG CAP	2/day
ORAP 1MG TABLET	10/day
ORAP 2MG TABLET	5/day
OXAZEPAM 10MG CAPSULE	4/day;max quantity 120
OXAZEPAM 15MG CAPSULE	4/day;max quantity 120
OXAZEPAM 30MG CAPSULE	4/day;max quantity 120
PAMELOR 10MG CAPSULE	4/day
PAROXETINE HCL 10MG TABLET	1/day
PAROXETINE HCL 20MG TABLET	1/day
PAROXETINE HCL 30MG TABLET	2/day
PAROXETINE HCL 40MG TABLET	2/day
PAXIL 10MG/5 ML SUSPENSION	40ml/day
PAXIL CR 12.5MG TABLET	1/day
PAXIL CR 25MG TABLET	1/day
PAXIL CR 37.5MG TABLET	1/day
PERPHENAZINE 2MG TABLET	4/day
PERPHENAZINE 4MG TABLET	4/day
PERPHENAZINE 8MG TABLET	4/day
PERPHENAZINE 16MG TABLET	4/day
PEXEVA 10MG TABLET	1/day
PEXEVA 20MG TABLET	1/day
PEXEVA 30MG TABLET	1/day
PLACIDYL 500MG CAPSULE	1/day
PLACIDYL 750MG CAPSULE	1/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
PROTRIPTYLINE 5MG TABLET	4/day
PROTRIPTYLINE 10MG TABLET	4/day
PROVIGIL 100MG TABLET	1/day
PROVIGIL 200MG TABLET	2/day
PROZAC WEEKLY 90MG CAPSULE	4/28 days
RAZADYNE 4MG/ML ORAL SOLUT	6ml/day
RAZADYNE 4MG TABLET	2/day
RAZADYNE 8MG TABLET	2/day
RAZADYNE 12MG TABLET	2/day
RAZADYNE ER 8MG CAPSULE	1/day
RAZADYNE ER 16MG CAPSULE	1/day
RAZADYNE ER 24MG CAPSULE	1/day
RESTORIL 22.5MG CAPSULE	1/day
RISPERDAL 0.25MG TABLET	2/day
RISPERDAL 0.5MG TABLET	2/day
RISPERDAL 0.5 M-TAB	2/day
RISPERDAL 1MG M-TAB	2/day
RISPERDAL 1MG TABLET	2/day
RISPERDAL 2MG M-TAB 2/day	2/day
RISPERDAL 2MG TABLET 2/day	2/day
RISPERDAL 3MG M-TAB 2/day	2/day
RISPERDAL 3MG TABLET 2/day	2/day
RISPERDAL 4MG M-TAB 2/day	2/day
RISPERDAL 4MG TABLET 2/day	2/day
RISPERDAL CONSTA 12.5MG SYR	2/28 days
RISPERDAL CONSTA 25MG SYR	2/28 days
RISPERDAL CONSTA 37.5MG SY	2/28 days
RISPERDAL CONSTA 50MG SYR	2/28 days
RITALIN LA 10MG CAPSULE	1/day
RITALIN LA 20MG CAPSULE	1/day
RITALIN LA 30MG CAPSULE	2/day
RITALIN LA 40MG CAPSULE	1/day
ROZEREM 8MG TABLET	1/day
SERAX 15MG TABLET	4/day;max quantity 120
SEROQUEL 25MG TABLET	3/day
SEROQUEL 50MG TABLET	3/day
SEROQUEL 100MG TABLET	3/day
SEROQUEL 200MG TABLET	3/day
SEROQUEL 300MG TABLET	4/day
SEROQUEL 400MG TABLET	4/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
SEROQUEL XR 200MG TABLET	1/day
SEROQUEL XR 300MG TABLET	3/day
SEROQUEL XR 400MG TABLET	4/day
SERTRALINE 20MG/ML ORAL CO	10ml/day
SERTRALINE HCL 25MG TABLET	2/day
SERTRALINE HCL 50MG TABLET	2/day
SERTRALINE HCL 100MG TABLET	3/day
SONATA 5MG CAPSULE	2/day
SONATA 10MG CAPSULE	2/day
STRATTERA 10MG CAPSULE	2/day
STRATTERA 18MG CAPSULE	2/day
STRATTERA 25MG CAPSULE	2/day
STRATTERA 40MG CAPSULE	2/day
STRATTERA 60MG CAPSULE	1/day
STRATTERA 80MG CAPSULE	1/day
STRATTERA 100MG CAPSULE	1/day
SURMONTIL 25MG CAPSULE	1/day
SURMONTIL 50MG CAPSULE	1/day
SURMONTIL 100MG CAPSULE	3/day
SYMBYAX 3-25MG CAPSULE	1/day
SYMBYAX 6-25MG CAPSULE	1/day
SYMBYAX 6-50MG CAPSULE	1/day
SYMBYAX 12-25MG CAPSULE	1/day
SYMBYAX 12-50MG CAPSULE	1/day
TEMAZEPAM 7.5MG CAPSULE	1/day
TEMAZEPAM 15MG CAPSULE	1/day
TEMAZEPAM 30MG CAPSULE	1/day
THIORIDAZINE 10MG TABLET	4/day
THIORIDAZINE 15MG TABLET	4/day
THIORIDAZINE 25MG TABLET	4/day
THIORIDAZINE 50MG TABLET	4/day
THIORIDAZINE 100MG TABLET	4/day
THIORIDAZINE 150MG TABLET	4/day
THIORIDAZINE 200MG TABLET	4/day
THIOTHIXENE 1MG CAPSULE	3/day
THIOTHIXENE 2MG CAPSULE	3/day
THIOTHIXENE 5MG CAPSULE	3/day
THIOTHIXENE 10MG CAPSULE	3/day
TRANLYCYPROMINE SULF 10MG	6/day
TRANXENE SD 11.25MG TABLET	1/day

TABLE 1.B. PRIOR AUTHORIZATION (PA) CRITERIA --continued--

<b>Mental Health Medication</b>	<b>Utilization Edit</b>
TRANXENE SD 22.5MG TAB	1/day
TRAZODONE 50MG TABLET	2/day
TRAZODONE 100MG TABLET	3/day
TRAZODONE 150MG TABLET	3/day
TRAZODONE 300MG TABLET	2/day
TRIAZOLAM 0.125MG TABLET	1/day
TRIAZOLAM 0.25MG TABLET	1/day
TRIFLUOPERAZINE 1MG TABLET	2/day
TRIFLUOPERAZINE 2MG TABLET	2/day
TRIFLUOPERAZINE 5MG TABLET	2/day
TRIFLUOPERAZINE 10MG TABLET	4/day
VENLAFAXINE HCL 25MG TABLE	3/day
VENLAFAXINE HCL 37.5MG TAB	3/day
VENLAFAXINE HCL 50MG TABLE	3/day
VENLAFAXINE HCL 75MG TABLE	3/day
VENLAFAXINE HCL 100MG TABL	3/day
VYVANSE 30MG CAPSULE	1/day
VYVANSE 50MG CAPSULE	1/day
VYVANSE 70MG CAPSULE	1/day
WELLBUTRIN XL 150MG TABLET	1/day
WELLBUTRIN XL 300MG TABLET	1/day
ZYPREXA 2.5MG TABLET	1/day
ZYPREXA 5MG TABLET	1/day
ZYPREXA 7.5MG TABLET	1/day
ZYPREXA 10MG TABLET	2/day
ZYPREXA 15MG TABLET	2/day
ZYPREXA 20MG TABLET	3/day
ZYPREXA ZYDIS 5MG TABLET	1/day
ZYPREXA ZYDIS 10MG TABLET	2/day
ZYPREXA ZYDIS 15MG TAB	2/day
ZYPREXA ZYDIS 20MG TABLET	3/day

## TABLE 1.C. MISCELLANEOUS PRIOR AUTHORIZATION PROGRAMS

Explanatory note: As referenced in prior DUR Annual Reports, the first formal Indiana Medicaid drug prior authorization program was implemented as the “Indiana Rational Drug Program”, or IRDP. Subsequently, a Preferred Drug List (PDL) was phased in over Federal Fiscal Years 2003 and 2004, and many of the components of the IRDP were incorporated into the PDL. Some discrete former components of the IRDP have been maintained apart from the PDL, and are referred to as “Miscellaneous Prior Authorization Programs”, as follows:

### **Carafate® (sucralfate):**

- PA for all sucralfate

### **Growth Hormone:**

- PA for all growth hormones

### **Synagis® and Respigam®**

- All products – PA approved only between 10/15 – 4/30 annually for maximum of 6 doses.

### **Brand Medically Necessary:**

- PA for all innovator, multiple-sourced drugs with State or Federal MAC rate when DAW code = 6.
- Exclusions: Claims for Coumadin™, Provera™, Synthroid™, TegretoI™, Lanoxin™, Premarin™, Dilantin™, mental health drugs and claims with 06 override for BMN, and days supply of 4 or less.

**TABLE 2**

**RETROSPECTIVE DUR SUMMARY - FFY 2007**  
**INDIANA MEDICAID**

THERAPEUTIC CATEGORY	DRUG PROBLEM TYPE										
	ID Insuf Dose	IDU Duration	OU Over Use	UU Under Use	DDI Drug- Drug	DDC Drug- Dz	TD Ther Dup	AG App Gen	O <sup>1</sup> Thera Approp	O <sup>2</sup> Dose Op	O <sup>3</sup> Coordination of Care
<b>Concurrent Use of SSRI/SNRIs and Tryptans</b>					<b>Oct 06</b>						
<b>Overutilization of Tryptans</b>			<b>Nov 06</b>								
<b>Cost Effective Therapy I- cardiovascular combination meds</b>									<b>Jan 07</b>		
<b>Cost Effective Therapy II-Diabetic combination meds</b>									<b>Apr 07</b>		

**PROBLEM TYPE KEY**

ID = Insufficient DOSE    DDI = Drug/ Drug Interaction  
 IDU = Incorrect Duration    DDC = Drug/ Disease Contradiction  
 OU = Over Utilization    TD = Therapeutic Duplication  
 UU = Under Utilization    AG = Appropriate Use of Generics

**O = Other Problem Type**

Specify: (1) Therapeutic Appropriateness    (2) Dose Optimization    (3) Coordination of Care

# **ATTACHMENT 1**

## **PHARMACY SURVEY INFORMATION**

## **ATTACHMENT 1 PHARMACY SURVEY INFORMATION**

### **Monitoring Pharmacy Compliance with OBRA '90 Prospective DUR Requirements**

#### **Prospective DUR (ProDUR)**

Indiana Medicaid does not require use of the electronic claims management point-of-sale (POS)/ProDUR system by Indiana Medicaid Pharmacy providers. Those who do use the system benefit from the ProDUR information available at the POS, but must take appropriate action before the claim will pay.

ProDUR alerts require review by pharmacy providers and result in a payable claim, depending on action taken by the pharmacist upon posting of a given ProDUR alert. Some ProDUR alerts result in a stopped claim that will not pay unless prior authorization is obtained.

#### **Patient counseling portion of ProDUR**

The Indiana Board of Pharmacy, in coordination with Indiana Medicaid, promulgated patient counseling regulations (*see page 35*) that became effective January 1, 1993. These regulations ensure that pharmacists offer ProDUR counseling.

Indiana Board of Pharmacy is the controlling authority over the patient counseling regulations portion of OBRA '90 for the Indiana Medicaid program. The Board of Pharmacy inspects pharmacies and measures conformance with patient counseling requirements. See copy of inspection form (attachment on page 34). The Indiana Board of Pharmacy has requested that the Consumer Protection Division of the Indiana Office of the Attorney General forward all consumer complaints regarding patient counseling activities directly to the Board of Pharmacy. The Indiana Board of Pharmacy reviewed all relevant records and determined that no complaints against pharmacists or pharmacies had been filed due to a lack of offering patient counseling during FFY2007.

## ATTACHMENT 1 –continued– Inspection Report Used by the Indiana Board of Pharmacy

<b>INDIANA BOARD OF PHARMACY</b> <b>INSPECTION REPORT</b> State Form 35890 (RA4/3-.95)				Name of pharmacy  Address (number and street, city, state, ZIP code)			
Today's date and time		County		Telephone number		DEA number	
CSR number		I.D. number	Type	Total weekly hours		Gen. appearance	Open for bus.
NAMES OF PHARMACISTS EMPLOYED			LICENSE NO.	PRESENT	ABSENT	WEEKLY HOURS	LICENSE CURRENT
MANAGER							
OTHERS							
OTHERS							
OTHERS							
OTHERS							
						YES	NO
1. Are all certificates properly displayed, current and correct?							
2. Is the pharmacy equipped as required by law?							
3. Are Rx files properly kept?							
Including name and address of patient filed numerically and chronologically?							
Retained over a period of 2 years?							
Indicate type of filing system used:							
4. Are refills of Rx properly recorded?							
Where?							
5. Are Rxs being refilled beyond date of validity?							
6. Are refills being properly documented?							
7. If Sch. II Emer. Rx filled, are proper records kept?							
8. How do you handle return medications?							
9. Is proper Rx format used (i.e. <i>generic law</i> )?							
Are generic substitutions properly documented?							
10. Date of last inventory:							
11. Are federal DEA order forms properly kept?							
12. Pharmacy documents ( <i>orders, invoices, sales to doctors</i> ) reviewed?							
Any deficiencies found?							
If yes, what?							
13. Schedule V register kept?							
Entries for the last 3 months:							
14. Are Schedule V sales controlled by the pharmacist?							
15. Are current reference books and laws available?							
16. Are pharmacy technicians used?							
How many?							
Are pharmacy technicians operating within the scope of the law/regulations?							
Records of technicians and training reviewed?							
17. Are all pharmaceuticals in date and stored as required?							
18. Previous violations been corrected since last inspection?							
19. Is computer in use? Type:							
20. Are computer records properly kept?							
Including on line retrieval of Rx status?							
Printout of Rx order and refill data for each day's dispensing?							
21. Are all Rxs verified by pharmacist?							
22. Are Rx transfers properly performed?							
23. OBRA compliance?							
Are patient profiles maintained?							
Patient counseling being offered?							
24. Is practice of site consistent with permit type?							
All irregularities in number or type of Rxs on file and other comments:							
Signature of owner, Pharmacist or employee				Signature of inspector			

ATTACHMENT 1 –continued–

## ***Indiana Administrative Code Re: Counseling***

### **ARTICLE 1. PHARMACIES AND PHARMACISTS (Last Updated 2007)**

#### **856 IAC 1-33-1 Definitions**

Authority: IC 25-26-13-4

Affected: IC 25-26-13-4

Sec. 1 The following definitions apply throughout this rule:

(1) **“Counseling”** means appropriate communication, by a pharmacist, to a patient, as defined in subdivision (3), of information for the purpose of improving therapeutic outcomes by maximizing the proper use of drugs and devices dispensed pursuant to prescriptions.

(2) **“Offer”** means a statement that is verbal or, only if necessary for an individual patient, nonverbal, for example, printed or written, that clearly informs the patient that a pharmacist is available, at the time the offer is made, to counsel the patient, including, but not limited to, giving information to or answering questions, or both, from the patient.

(3) **“Patient”** means the following:

(A) The individual for whom a prescription was issued.

(B) The caregiver of the individual for whom a prescription was issued.

(C) The agent of the individual for whom a prescription was issued.

*(Indiana Board of Pharmacy; 856 IAC 1-33-1; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001. 3:55 p.m.: 25 IR 1330)*

#### **856 IAC 1-33-1.5 Offer requirements**

Authority: IC 25-26-13-4

Affected: IC 25-26-13-10

Sec. 1.5 The following can satisfy an offer:

(1) A pharmacist counseling the patient.

(2) A pharmacist intern/extern registered under IC 25-26-13-10 if:

(A) Permitted by the pharmacist; and

(B) the counseling by the pharmacist intern/extern is followed by a bona fide offer for the pharmacist to counsel the patient and if the patient or patient's representative desires such counseling.

(3) A written notice containing the pharmacy's phone number and a bona fide offer when:

(A) a patient is not present and has not authorized the giving of information to another; or

(B) the drug or device is delivered by the United States Postal Service, parcel delivery, or hand delivery.

(4) Any personnel in the prescription department, as defined in 856 IAC 1-13-3(b)(3), making an offer to counsel, as defined in section 1(2) of this rule.

(b) The following cannot satisfy an offer:

(1) Making an offer for the patient to ask questions.

(2) Any other method that serves to shift the responsibility from the pharmacists to the patient for initiating the counseling or for selecting the informational content of the counseling.

(3) Relaying information through an intermediary, unless needed for translations, hearing impaired, or other situation beyond the control of the pharmacist.

(4) Using signs or other types of written notices or written information given to the patient with each drug dispensed. *(Indiana Board of Pharmacy; 856 IAC 1-33-1.5)*

ATTACHMENT 1 –continued–

**856 IAC 1-33-2 Patient counseling requirements**

Authority: IC 25-26-13-4

Affected: IC 25-26-13-16

Sec. 2. (a) Upon the receipt of a prescription or upon the subsequent refilling of a prescription, and following a review of the patient's prescription medication profile, the pharmacist shall be responsible for the initiation of an offer, as set forth in section 1.5(a) of this rule, to counsel the patient on matters that, in the pharmacist's professional judgment, are significant to optimizing drug therapy. Depending upon the situation, these matters may include, but are not necessarily limited to, the following:

- (1) The name and description of the medicine.
- (2) The route, dosage form, dosage, route of administration, and duration of drug therapy.
- (3) Special directions and precautions.
- (4) Common adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur.
- (5) Techniques for self-monitoring drug therapy.
- (6) Proper storage.
- (7) Prescription refill information.
- (8) Action to be taken in the event of a missed dose.

(b) Counseling shall be in person, whenever practicable, or through access to a telephone service which is toll free for long distance calls, and be held with the patient, the patient's caregiver, or the patient's representative.

(c) Alternative forms of patient information may be used to supplement verbal counseling when appropriate. Examples include written information leaflets, pictogram labels, and video programs. Nothing in this subsection shall be construed to mean that supplements may be a substitute for verbal counseling when verbal counseling is practicable.

(d) Nothing in this rule shall be construed as requiring a pharmacist to provide counseling when a patient knowingly declines (waives) the offer to counsel.

(e) Requesting or accepting, or both, a waiver for counseling for all prescriptions both present and future is not permitted. An offer must be made with each prescription-dispensing visit.

(f) The patient's declining of counseling must be documented in either written or electronic format. The required documentation may be on the same form as or with another pharmacy-related authorization, only if it is clear to the patient that the documentation form also contains the patient's intent to decline (waive) counseling. The documentation subject to this section shall be retained in the pharmacy licensed area or in a secure area under the pharmacy's control, which is readily available for inspection, for a period of not less than two (2) years. (*Indiana Board of Pharmacy; 856 IAC 1-33-2; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330*)

# **ATTACHMENT 2 PROSPECTIVE DUR (PRODUR) ACTIVITY**

### **NOTE TO THE READER**

In reviewing the data on Attachment 2.1.A, “*Pro-DUR Activity Summary by DUR Screen Report*” (page 41) and the supporting detail-level tables in Attachment 2.1.B. (pages subsequent to 41), the reader will notice that the values shown in the summary report do not necessarily equal the sum of the values in the corresponding detail report. For example, the total number of drug-drug interaction alerts shows as 15,185 on the summary report, but the total on page 43 of the detail report is 15,396 . This slight variation is due to the two reports being based on queries that were run at different times, with the immediacy of point-of-sale processing (claim adjustments, claim reversals, etc.) creating the difference between data on the tables. Future reporting will be modified in order to ensure that data on the summary table reflects sum totals from the detail reports.

## ATTACHMENT 2. PROSPECTIVE DUR (PRODUR) ACTIVITY

The attached reports are year-end reports for prospective DUR generated by the claims processor vendor, EDS. Below is a brief narrative of each of the reports and the information they contain.

**Attachment 2.1.A: Report DUR-0011-A-(ProDUR Activity High Level Summary by DUR Screen)** This report shows each of the pro-DUR screenings that were performed for Indiana Medicaid. It shows the number of alerts that were set for each screen, the number of claims that were overridden by the pharmacist, the number of claims that were canceled due to the pro-DUR alert and the number of non-responses. Please note that a pharmacist has three days to respond to a pro-DUR alert before the system will remove the claim. After three days, the prescription needs to be resubmitted and the pro-DUR alert overridden if the pharmacist still wants to dispense the medication.

**Attachment 2.1.B: Report DUR-0012-A-(ProDUR Activity Detail: DUR Screen by Therapeutic Class)** This report shows up to the top twenty-five therapeutic categories and drugs that are set for each particular alert. Those alerts that list less than twenty-five show all the therapeutic categories approved by the Board. The column titled “# Claims Screened” is the total number of claims that came in through the POS system for that particular therapeutic category and drug, but not all of them set pro-DUR alerts.

**Attachment 2.1.C: Report DUR-0013-A-( ProDUR Activity: DUR Screen by Intervention Summary)** This report shows the percentage of pro-DUR alerts that were either overridden or cancelled based upon each of the valid intervention codes for Indiana Medicaid. The only valid intervention codes for Indiana Medicaid are listed in the key on the next page. Intervention codes are: M0 (Prescriber consulted), P0 (Recipient or patient consulted) or R0 (other source consulted).

**Attachment 2.1.D: Report DUR-0013-B-(ProDUR Activity: DUR Screen by Outcome Summary)** This report shows the percentage of pro-DUR alerts that were either overridden or cancelled based upon each of the valid outcome codes for Indiana Medicaid. The valid outcome codes for Indiana Medicaid are listed in the key on the next page.

**Attachment 2.1.E: Report DUR-0014-A-(ProDUR Report: DUR Screen by Pharmacist Intervention and Outcome Overrides)** This report shows how many of each of the valid outcome codes were used with specific pro-DUR alerts and valid intervention codes.

**Attachment 2.1.F: Report DUR-0015-A-(ProDUR Report by Drug Combinations Involved in DUR Screening)** This report shows the drug combinations involved in the pro-DUR screening. It is listed by each alert, showing the therapeutic category approved by the DUR board for each alert and the two drugs involved in actually causing the pro-DUR alert to set. It is then broken out to show how many alerts were generated and whether they were overridden by the pharmacist, cancelled or not responded to. The “# Claims Screened” column is the total number of claims that came through the POS system for that therapeutic category and drug, but not all of them set pro-DUR alerts.

## DUR Codes KEY

### Reason for Service Codes (DUR Conflict Codes)

Code	Meaning	Code	Meaning
AT	Additive Toxicity	LD	Low Dose alert
CH	Call Help Desk	LR	Under Use Precaution
DA	Drug Allergy Alert	MC	Drug Disease Precaution
DC	Inferred Drug Disease Precaution	MN	Insufficient Duration Alert
DD	Drug-Drug Interaction	MX	Excessive Duration Alert
DF	Drug Food Interactions	OH	Alcohol Precaution
DI	Drug Incompatibility	PA	Drug Age Precaution
DL	Drug Lab conflict	PG	Drug Pregnancy alert
DS	Tobacco use precaution	PR	Prior Adverse drug reaction
ER	Over Use precaution	SE	Side effect alert
HD	High Dose alert	SX	Drug gender alert
IC	Iatrogenic condition alert	TD	Therapeutic Duplication
ID	Ingredient Duplication		

### Professional Service Codes (Intervention Codes)

Code	Meaning	Code	Meaning
M0	MD Interface	R0	Pharmacist reviewed
P0	Patient Interaction		

### Result of Service Codes (DUR Outcome Codes)

Code	Meaning	Code	Meaning
1A	Filled – False Positive	1F	Filled – Different quantity
1B	Filled as is	1G	Filled after prescriber approval
1C	Filled with different dose	2A	Not Filled
1D	Filled with different directions	2B	Not Filled – Directions Clarified

## CMS FFY 2007 - INDIANA MEDICAID DUR PROGRAMS

### ATTACHMENT 2.1.A. PRODUR ACTIVITY SUMMARY BY DUR SCREEN REPORT

#### PRODUR ACTIVITY SUMMARY BY DUR CONFLICT or DUR SCREEN

EDS ProDUR Report #: DUR-0011-A

#### High Level Summary by DUR Screen

Time Period: 10/11/2006 to 10/05/2007

DUR Screen		DUR ALERTS		PAID Rxs		DENIED Rxs			
DUR Conflict Code	DUR Screen (Description)	# Alerts*†	% of All DUR Alerts	# Overrides (or # Rx PAID)	% Overrides (or % PAID)	# Cancellations	# Non-Responses	# of Cancellations & Non-Responses (or # DENIED or Rx Not Filled)	% Cancellations & Non-Responses (Rx not Filled)
DD	DRUG-DRUG INTERACTION	15,185	1.7%	5,667	37.3%	25	9,460	9,485	62.5%
ER	OVERUSE - EARLY REFILL ALERT	281,475	31.7%	22,122	7.9%	2,598	256,519	259,117	92.1%
HD	OVERUSE - HIGH DOSE ALERT	43,087	4.9%	37,852	87.8%	39	5,171	5,210	12.1%
LR	LATE REFILL	21,380	2.4%	17,754	83.0%	8	3,605	3,613	16.9%
MC	DRUG-DISEASE CONTRAINDICATION	171,032	19.3%	88,771	51.9%	217	81,544	81,544	47.8%
PA	DRUG-AGE	3,109	0.3%	875	28.1%	2	2,213	2,215	71.2%
PG	DRUG-PREGNANCY	310	0.0%	96	31.0%	0	214	214	69.0%
TD	THERAPEUTIC DUPLICATION	352,671	39.7%	314,967	89.3%	221	37,438	37,659	10.7%
	<b>SUM</b>	<b>888,249</b>	<b>100.0%</b>	<b>488,104</b>		<b>3,110</b>	<b>396,164</b>	<b>399,274</b>	
	<b>RECOMPUTED AVERAGES</b>				<b>54.9%</b>				<b>45.1%</b>

† **NOTE:** The number of DUR alerts is comprised of overrides, cancellations, non-responses, and reversals. Reversals are not reported separately; therefore, the number of cancellations and non-responses will not equal the number of claims.

## ATTACHMENT 2.1.B. PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.1. DRUG-DRUG INTERACTION (DD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
DD	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	7370	87	26	61	1.2	0.8
DD	PHENYLEPHRINE/CHLOR-MAL/SCOP	7083	68	18	50	1.0	0.7
DD	P-EPHED HCL/CPMM/ATP/SCOP/HYOS	66	13	8	5	19.7	7.6
DD	P-EPHED HCL/CHLOR-MAL/SCOP	30	6	0	6	20.0	20.0
DD	1ST GENERATION ANTIHISTAMINE-ANTICHOLINERGIC COMB.	2	2	0	2	100.0	100.0
DD	CHLOR-MAL/SCOP ME-NITRATE	2	2	0	2	100.0	100.0
DD	ABSORBABLE SULFONAMIDES	9773	9	0	9	0.1	0.1
DD	SULFAMETHOXAZOLE/TRIMETHOPRIM	7658	8	0	8	0.1	0.1
DD	ACNE AGENTS,SYSTEMIC	41	6	2	4	14.6	9.8
DD	ISOTRETINOIN	27	5	1	4	18.5	14.8
DD	ADRENERGIC VASOPRESSOR AGENTS	48	1	0	1	2.1	2.1
DD	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3347	1	0	1	0.0	0.0
DD	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	4289	4	2	2	0.1	0.0
DD	AMINOGLYCOSIDES	1185	24	6	18	2.0	1.5
DD	TOBRAMYCIN/0.25 NORMAL SALINE	152	7	2	5	4.6	3.3
DD	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	803	3	1	2	0.4	0.2
DD	ANALGESIC/ANTIPTYRETICS, SALICYLATES	26525	7	1	6	0.0	0.0
DD	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	682	9	2	7	1.3	1.0
DD	ANALGESICS, NARCOTICS	237093	160	50	110	0.1	0.0
DD	ANALGESICS, NARCOTICS	176809	129	34	95	0.1	0.1
DD	ANAPHYLAXIS THERAPY AGENTS	295	3	0	3	1.0	1.0
DD	ANTACIDS	5045	2	0	2	0.0	0.0
DD	ANTI-ALCOHOLIC PREPARATIONS	830	38	6	32	4.6	3.9
DD	ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC	250	18	6	12	7.2	4.8
DD	ANTI-ANXIETY DRUGS	329987	64	31	33	0.0	0.0
DD	ANTIARRHYTHMICS	3461	226	128	96	6.5	2.8
DD	ANTICHOLINERGICS, QUATERNARY AMMONIUM	3244	55	31	24	1.7	0.7
DD	ANTICHOLINERGICS/ANTISPASMODICS	5203	456	159	297	8.8	5.7
DD	ANTICOAGULANTS, COUMARIN TYPE	6451	5	5	0	0.1	0.0
DD	ANTICONVULSANTS	93477	11	3	8	0.0	0.0
DD	ANTIIDIARRHEALS	10633	751	166	584	7.1	5.5
DD	ANTIEMETIC/ANTIVERTIGO AGENTS	15339	38	6	32	0.2	0.2
DD	ANTIFUNGAL AGENTS	15321	304	76	228	2.0	1.5
DD	ANTIHISTAMINES - 1ST GENERATION	4902	2	0	2	0.0	0.0
DD	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	462	135	44	91	29.2	19.7
DD	ANTIMIGRAINE PREPARATIONS	8472	36	2	34	0.4	0.4
DD	ANTI-MYCOBACTERIUM AGENTS	598	87	40	32	14.5	5.4
DD	ANTI-NARCOLEPSY & ANTI-CATALEPSY, SEDATIVE-TYPE AGT	39	14	4	10	35.9	25.6
DD	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	517	15	9	6	2.9	1.2
DD	ANTINEOPLASTICS, MISCELLANEOUS	1419	25	10	15	1.8	1.1
DD	ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	22058	988	442	544	4.5	2.5
DD	ANTIPARKINSONISM DRUGS, OTHER	15795	106	58	48	0.7	0.3
DD	ANTIPSORIATIC AGENTS, SYSTEMIC	38	14	1	13	36.8	34.2
DD	ANTIPSYCH, DOPAMINE ANTAG., DIPHENYL BUTYL PIPERIDINES	149	82	40	42	55.0	28.2
DD	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	190108	380	151	229	0.2	0.1
DD	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	3698	12	7	5	0.3	0.1
DD	ANTI-PSYCHOTICS, PHENOTHIAZINES	10384	395	105	286	3.8	2.8
DD	ANTISPASMODIC AGENTS	6	1	0	1	16.7	16.7
DD	ANTITUBERCULAR ANTIBIOTICS	44	1	0	1	2.3	2.3
DD	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	554	8	5	3	1.4	0.5
DD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	797	38	13	25	4.8	3.1
DD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	2715	72	35	37	2.7	1.4
DD	ARTV CMB NUCLEOSIDE, NUCLEOTIDE, & NON-NUCLEOSIDE RTI	45	1	0	1	2.2	2.2
DD	BELLADONNA ALKALOIDS	4617	423	156	265	9.2	5.7
DD	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	601	3	1	2	0.5	0.3
DD	BETA-ADRENERGIC AGENTS	96575	58	11	47	0.1	0.0
DD	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	1929	2	0	2	0.1	0.1
DD	BETA-ADRENERGIC BLOCKING AGENTS	90970	45	24	21	0.0	0.0
DD	BETA-ADRENERGICS AND GLUCOCORTICOID COMBINATION	3940	4	1	3	0.1	0.1
DD	CALCIUM CHANNEL BLOCKING AGENTS	38178	30	15	15	0.1	0.0
DD	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	314	17	13	4	5.4	1.3
DD	CONTRACEPTIVES, ORAL	1969	1	0	1	0.1	0.1
DD	DECONGESTANT-EXPECTORANT COMBINATIONS	4713	6	2	4	0.1	0.1
DD	GASTRIC ACID SECRETION REDUCERS	139404	26	5	21	0.0	0.0
DD	GENERAL BRONCHODILATOR AGENTS	11391	19	13	6	0.2	0.1
DD	HYDROCODONE BIT/ACETAMINOPHEN	16201	10	2	8	0.1	0.0
DD	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	1705	12	1	11	0.7	0.6
DD	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	5643	5	2	3	0.1	0.1
DD	IMMUNOSUPPRESSIVES	7840	74	43	31	0.9	0.4
DD	INTESTINAL MOTILITY STIMULANTS	5852	11	0	11	0.2	0.2
DD	ISOTRETINOIN	27	5	1	4	18.5	14.8

# ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

## ATTACHMENT 2.1.B.1.--Cont.--DRUG-DRUG INTERACTION (DD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
DD	POTASSIUM SPARING DIURETICS	5634	10	3	7	0.2	0.1
DD	POTASSIUM SPARING DIURETICS IN COMBINATION	1073	2	0	2	0.2	0.2
DD	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	36	4	0	4	11.1	11.1
DD	QUINOLONES	30760	527	48	479	1.7	1.6
DD	SEDATIVE-HYPNOTICS, NON-BARBITURATE	12311	4	0	4	0.0	0.0
DD	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	286	8	5	2	2.8	0.7
DD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	171099	249	103	146	0.1	0.1
DD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	7393	6	3	3	0.1	0.0
DD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	51376	44	10	34	0.1	0.1
DD	SKELETAL MUSCLE RELAXANTS	74526	76	9	67	0.1	0.1
DD	TETRACYCLINES	8917	116	34	82	1.3	0.9
DD	THIAZIDE AND RELATED DIURETICS	2572	2	0	2	0.1	0.1
DD	TOPICAL ANTIBIOTICS	5937	5	0	5	0.1	0.1
DD	TOPICAL IMMUNOSUPPRESSIVE AGENTS	224	2	0	2	0.9	0.9
DD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	32399	68	42	24	0.2	0.1
DD	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	1393	1	1	0	0.1	0.0
DD	URINARY PH MODIFIERS	81	1	0	1	1.2	1.2
DD	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	1767	159	76	83	9.0	4.7
DD	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	20347	2110	1004	1106	10.4	5.4
DD	VAGINAL ANTIBIOTICS	152	1	0	1	0.7	0.7
DD	VASODILATORS, COMBINATION	18	1	0	1	5.6	5.6
DD	VASODILATORS, CORONARY	5657	5	0	5	0.1	0.1
DD	VIRAL/TUMORIGENIC VACCINES	30	2	0	2	6.7	6.7
DD	VITAMIN A DERIVATIVES	857	230	58	172	26.8	20.1
DD	<b>DRUG-DRUG INTERACTION ALERT (DD) TOTAL</b>	<b>2,468,710</b>	<b>15,396</b>	<b>5,667</b>	<b>9,697</b>		

† **NOTE:** The number of DUR alerts is comprised of overrides, cancellations, non-responses, and reversals. Reversals are not reported separately; therefore, the number of cancellations and non-responses will not equal the number of claims.

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.2. EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
ER	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	5559	118	4	114	2.1	2.1
ER	1ST GEN ANTIHISTAMINE-DECONGESTANT-EXPECTORANT CMB	42	2	0	2	4.8	4.8
ER	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	7370	170	6	164	2.3	2.2
ER	2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	6527	228	6	222	3.5	3.4
ER	ABSORBABLE SULFONAMIDES	23085	876	58	818	3.8	3.5
ER	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	8089	89	10	79	1.1	1.0
ER	ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	1726	70	4	66	4.1	3.8
ER	ACNE AGENTS,SYSTEMIC	34	4	0	4	11.8	11.8
ER	ACNE AGENTS, TOPICAL	1237	23	2	21	1.9	1.7
ER	ADRENERGIC VASOPRESSOR AGENTS	447	24	3	21	5.4	4.7
ER	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	40671	1703	145	1556	4.2	3.8
ER	ADRENOCORTICOTROPHIC HORMONES	3	1	0	1	33.3	33.3
ER	AGENTS TO TREAT MULTIPLE SCLEROSIS	3513	144	4	140	4.1	4.0
ER	ALKYLATING AGENTS	1007	46	2	44	4.6	4.4
ER	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	14560	596	73	522	4.1	3.6
ER	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	16888	1115	70	1045	6.6	6.2
ER	ALPHA-ADRENERGIC BLOCKING AGENTS	4109	196	14	182	4.8	4.4
ER	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	1850	134	22	112	7.2	6.1
ER	AMINOGLYCOSIDES	1556	64	5	59	4.1	3.8
ER	AMMONIA INHIBITORS	3122	194	22	172	6.2	5.5
ER	AMYOTROPHIC LATERAL SCLEROSIS AGENTS	4	2	0	2	50.0	50.0
ER	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	9420	166	3	163	1.8	1.7
ER	ANALGESIC, NON-SAL.- 1ST GENERATION ANTIHISTAMINE	422	22	3	19	5.2	4.5
ER	ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.	143	9	0	9	6.3	6.3
ER	ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB	796	29	1	28	3.6	3.5
ER	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB	3686	155	2	153	4.2	4.2
ER	ANALGESIC/ANTIPYRETICS, SALICYLATES	157079	3186	228	2957	2.0	1.9
ER	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	137050	5221	713	4508	3.8	3.3
ER	ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT AGENTS	4	1	0	1	25.0	25.0
ER	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	2515	131	6	125	5.2	5.0
ER	ANALGESICS, NARCOTICS	237093	12038	1106	10903	5.1	4.6
ER	ANALGESICS, NARCOTICS	176809	9464	795	8649	5.4	4.9
ER	ANAPHYLAXIS THERAPY AGENTS	959	10	1	9	1.0	0.9
ER	ANDROGENIC AGENTS	1578	53	6	47	3.4	3.0
ER	ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	1392	45	1	44	3.2	3.2
ER	ANTACIDS	29698	987	67	914	3.3	3.1
ER	ANTHELMINTICS	290	11	1	10	3.8	3.4
ER	ANTI-ALCOHOLIC PREPARATIONS	1625	85	3	82	5.2	5.0
ER	ANTIANDROGENIC AGENTS	15	2	0	2	13.3	13.3
ER	ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC	329	23	0	23	7.0	7.0
ER	ANTI-ANXIETY DRUGS	329987	20044	1999	18019	6.1	5.5
ER	ANTIARRHYTHMICS	3461	202	16	186	5.8	5.4
ER	ANTI-ARTHRITIC AND CHELATING AGENTS	3	1	0	1	33.3	33.3
ER	ANTICHOLINERGICS, QUATERNARY AMMONIUM	3244	182	18	164	5.6	5.1
ER	ANTICHOLINERGICS/ANTISPASMODICS	5203	142	6	136	2.7	2.6
ER	ANTICOAGULANTS, COUMARIN TYPE	26266	2319	734	1585	8.8	6.0
ER	ANTICONVULSANTS	371867	26399	2510	23869	7.1	6.4
ER	ANTIDIARRHEALS	10633	353	20	332	3.3	3.1
ER	ANTIDIURETIC AND VASOPRESSOR HORMONES	6920	605	40	564	8.7	8.2
ER	ANTIEMETIC/ANTIVERTIGO AGENTS	22573	683	51	630	3.0	2.8
ER	ANTIFIBRINOLYTIC AGENTS	19	3	0	3	15.8	15.8
ER	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	5	1	0	1	20.0	20.0
ER	ANTIFLATULENTS	3449	105	6	99	3.0	2.9
ER	ANTIFUNGAL AGENTS	15321	197	8	189	1.3	1.2
ER	ANTIFUNGAL ANTIBIOTICS	5563	191	16	175	3.4	3.1
ER	ANTIHEMOPHILIC FACTORS	381	14	4	10	3.7	2.6
ER	ANTIHISTAMINES - 1ST GENERATION	65881	2388	121	2266	3.6	3.4
ER	ANTIHISTAMINES - 2ND GENERATION	127691	4996	195	4801	3.9	3.8
ER	ANTIHYPERTGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	120	5	0	5	4.2	4.2
ER	ANTIHYPERTGLY, INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST)	2509	126	5	121	5.0	4.8
ER	ANTIHYPERTGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)	52	3	0	3	5.8	5.8
ER	ANTIHYPERTGLYCEMIC, AMYLIN ANALOG-TYPE	444	34	3	31	7.7	7.0
ER	ANTIHYPERTGLYCEMIC, DPP-4 INHIBITORS	1673	85	7	78	5.1	4.7
ER	ANTIHYPERTGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE	7490	440	42	398	5.9	5.3
ER	ANTIHYPERTGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	5186	106	14	92	2.0	1.8

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.2. -- Continued -- EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
ER	ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)	11376	594	56	538	5.2	4.7
ER	ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB	713	39	4	35	5.5	4.9
ER	ANTIHYPERGLYCEMIC,INSULIN-RESPONSE & RELEASE COMB.	23	1	1	0	4.3	0.0
ER	ANTIHYPERGLYCM,INSUL-RESP.ENHANCER & BIGUANIDE CMB	321	15	0	15	4.7	4.7
ER	ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB	462	13	1	12	2.8	2.6
ER	ANTIHYPERLIP(HMG-COA) & CALCIUM CHANNEL BLOCKER CB	1195	54	0	54	4.5	4.5
ER	ANTIHYPERLIP(HMGCOA) & CALCIUM CHANNEL BLOCKER CMB	1099	36	1	35	3.3	3.2
ER	ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB	734	19	0	19	2.6	2.6
ER	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	5365	190	6	184	3.5	3.4
ER	ANTIHYPERLIPIDEMIC-HMG COA REDUCTASE INHIB.&NIACIN	25	2	0	2	8.0	8.0
ER	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2069	129	18	111	6.2	5.4
ER	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	639	36	6	30	5.6	4.7
ER	ANTILEPTOTICS	509	24	3	21	4.7	4.1
ER	ANTIMALARIAL DRUGS	6493	258	19	239	4.0	3.7
ER	ANTI-MANIA DRUGS	14263	1103	74	1029	7.7	7.2
ER	ANTIMETABOLITES	4257	273	25	248	6.4	5.8
ER	ANTIMIGRAINE PREPARATIONS	8472	71	10	61	0.8	0.7
ER	ANTI-MYCOBACTERIUM AGENTS	717	45	6	39	6.3	5.4
ER	ANTI-NARCOLEPSY & ANTI-CATAPEXYS,SEDATIVE-TYPE AGT	16	3	0	3	18.8	18.8
ER	ANTINEOPLASTIC IMMUNOMODULATOR AGENTS	24	7	1	6	29.2	25.0
ER	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	3	1	0	1	33.3	33.3
ER	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	918	42	1	41	4.6	4.5
ER	ANTINEOPLASTICS,MISCELLANEOUS	2782	119	3	116	4.3	4.2
ER	ANTIOXIDANT MULTIVITAMIN COMBINATIONS	47	5	1	4	10.6	8.5
ER	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	22058	1592	86	1503	7.2	6.8
ER	ANTIPARKINSONISM DRUGS,OTHER	15795	916	87	829	5.8	5.2
ER	ANTIPERSPIRANTS	44	2	0	2	4.5	4.5
ER	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	34	5	0	5	14.7	14.7
ER	ANTIPRURITICS, TOPICAL	181	15	2	13	8.3	7.2
ER	ANTIPSORIATIC AGENTS,SYSTEMIC	59	5	0	5	8.5	8.5
ER	ANTIPSORIATICS AGENTS	761	24	1	23	3.2	3.0
ER	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES	116	13	0	13	11.2	11.2
ER	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	37310	2932	189	2741	7.9	7.3
ER	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	626	60	0	60	9.6	9.6
ER	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE & SEROTONIN ANTAG	190108	14411	1093	13304	7.6	7.0
ER	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	1483	100	4	96	6.7	6.5
ER	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	9012	689	58	631	7.6	7.0
ER	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES	99	11	0	11	11.1	11.1
ER	ANTI-PSYCHOTICS,PHENOTHIAZINES	10384	713	40	672	6.9	6.5
ER	ANTISEBORRHEIC AGENTS	2059	34	0	34	1.7	1.7
ER	ANTISERA	215	49	16	33	22.8	15.3
ER	ANTITHYROID PREPARATIONS	866	55	6	49	6.4	5.7
ER	ANTITUBERCULAR ANTIBIOTICS	246	9	2	7	3.7	2.8
ER	ANTITUSSIVES, NON-NARCOTIC	9937	201	7	194	2.0	2.0
ER	ANTI-ULCER PREPARATIONS	2923	154	9	145	5.3	5.0
ER	ANTIVIRAL MONOCLONAL ANTIBODIES	674	27	1	26	4.0	3.9
ER	ANTIVIRALS, GENERAL	7155	262	22	240	3.7	3.4
ER	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	12	1	0	1	8.3	8.3
ER	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	1744	65	9	56	3.7	3.2
ER	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	1208	53	3	50	4.4	4.1
ER	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	11	2	0	2	18.2	18.2
ER	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	1129	36	3	33	3.2	2.9
ER	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	2011	78	12	66	3.9	3.3
ER	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	250	11	2	9	4.4	3.6
ER	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	1239	44	2	42	3.6	3.4
ER	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	2968	128	13	115	4.3	3.9
ER	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	2600	110	3	107	4.2	4.1
ER	ARTIFICIAL TEARS	29489	864	39	824	2.9	2.8
ER	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI	777	37	1	36	4.8	4.6
ER	ASTRINGENTS	3	2	0	2	66.7	66.7
ER	BARBITURATES	24614	1180	124	1056	4.8	4.3
ER	BELLADONNA ALKALOIDS	4617	131	7	124	2.8	2.7
ER	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	7167	368	29	339	5.1	4.7
ER	BETA-ADRENERGIC AGENTS	114665	6145	271	5857	5.4	5.1
ER	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	1929	76	5	71	3.9	3.7

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.2.-- Continued-- EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
ER	BETA-ADRENERGIC BLOCKING AGENTS	90970	5338	307	5026	5.9	5.5
ER	BETA-ADRENERGICS AND GLUCOCORTICOID COMBINATIONS	21671	869	41	828	4.0	3.8
ER	BICARBONATE PRODUCING/CONTAINING AGENTS	99	23	10	13	23.2	13.1
ER	BILE SALT SEQUESTANTS	1407	55	10	45	3.9	3.2
ER	BILE SALTS	808	36	4	32	4.5	4.0
ER	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	160	12	0	12	7.5	7.5
ER	BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS	821	39	0	39	4.8	4.8
ER	BONE RESORPTION INHIBITORS	15235	704	30	674	4.6	4.4
ER	CALCIMIMETIC, PARATHYROID CALCIUM ENHANCER	476	36	0	36	7.6	7.6
ER	CALCIUM CHANNEL BLOCKING AGENTS	52062	2598	145	2453	5.0	4.7
ER	CALCIUM REPLACEMENT	134331	3113	261	2852	2.3	2.1
ER	CARBAPENEMS (THIENAMYCINS)	189	12	1	11	6.3	5.8
ER	CARBONIC ANHYDRASE INHIBITORS	1189	61	10	51	5.1	4.3
ER	CEPHALOSPORINS - 1ST GENERATION	28047	431	14	417	1.5	1.5
ER	CEPHALOSPORINS - 2ND GENERATION	5924	97	5	92	1.6	1.6
ER	CEPHALOSPORINS - 3RD GENERATION	9421	187	12	175	2.0	1.9
ER	CEPHALOSPORINS - 4TH GENERATION	16	7	0	7	43.8	43.8
ER	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	323	15	1	14	4.6	4.3
ER	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	211	12	1	11	5.7	5.2
ER	CHOLINESTERASE INHIBITORS	4935	251	12	239	5.1	4.8
ER	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX	20	2	0	2	10.0	10.0
ER	COLCHICINE	1608	74	8	66	4.6	4.1
ER	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	673	42	1	41	6.2	6.1
ER	CONTRACEPTIVES, INJECTABLE	3989	169	10	158	4.2	4.0
ER	CONTRACEPTIVES, ORAL	22887	1213	49	1162	5.3	5.1
ER	CONTRACEPTIVES, TRANSDERMAL	2316	188	11	177	8.1	7.6
ER	CYCLOC LIPOPEPTIDES	45	4	0	4	8.9	8.9
ER	DECARBOXYLASE INHIBITORS	5	3	0	3	60.0	60.0
ER	DECONGESTANT-ANTICHOLINERGIC COMBINATIONS	3	2	0	2	66.7	66.7
ER	DECONGESTANT-EXPECTORANT COMBINATIONS	11467	260	10	250	2.3	2.2
ER	DENTAL AIDS AND PREPARATIONS	6033	181	8	173	3.0	2.9
ER	DIGITALIS GLYCOSIDES	10342	551	42	509	5.3	4.9
ER	DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT	1922	83	10	73	4.3	3.8
ER	DRUGS TO TREAT HEREDITARY TYROSINEMIA	3	1	0	1	33.3	33.3
ER	EAR PREPARATIONS ANTI-INFLAMMATORY	10	3	0	3	30.0	30.0
ER	EAR PREPARATIONS, MISC. ANTI-INFECTIVES	196	7	0	7	3.6	3.6
ER	EAR PREPARATIONS, ANTIBIOTICS	5404	67	7	60	1.2	1.1
ER	EAR PREPARATIONS, EAR WAX REMOVERS	4908	51	0	51	1.0	1.0
ER	EAR PREPARATIONS, LOCAL ANESTHETICS	1155	17	1	16	1.5	1.4
ER	ELECTROLYTE DEPLETERS	2567	175	25	150	6.8	5.8
ER	ELECTROLYTE MAINTENANCE	566	23	2	21	4.1	3.7
ER	EMOLLIENTS	5926	142	12	130	2.4	2.2
ER	ESTROGENIC AGENTS	19966	909	35	873	4.6	4.4
ER	EXPECTORANT COMBINATIONS OTHER	7	1	0	1	14.3	14.3
ER	EXPECTORANTS	16763	545	50	495	3.3	3.0
ER	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	429	13	2	11	3.0	2.6
ER	EYE ANTIHISTAMINES	2691	66	8	58	2.5	2.2
ER	EYE ANTIINFLAMMATORY AGENTS	2949	127	32	95	4.3	3.2
ER	EYE ANTIVIRALS	12	3	0	3	25.0	25.0
ER	EYE PREPARATIONS, MISCELLANEOUS (OTC)	3522	96	28	68	2.7	1.9
ER	EYE SULFONAMIDES	1582	25	13	12	1.6	0.8
ER	EYE VASOCONSTRICTORS (OTC ONLY)	114	5	1	4	4.4	3.5
ER	EYE VASOCONSTRICTORS (RX ONLY)	3	1	0	1	33.3	33.3
ER	FACTOR IX PREPARATIONS	26	8	5	3	30.8	11.5
ER	FLUORIDE PREPARATIONS	2113	45	0	45	2.1	2.1
ER	FOLIC ACID PREPARATIONS	37706	1433	92	1341	3.8	3.6
ER	GASTRIC ACID SECRETION REDUCERS	207005	8581	549	8032	4.1	3.9
ER	GASTRIC ENZYMES	2343	137	7	130	5.8	5.5
ER	GENERAL ANESTHETICS, INJECTABLE	31	2	0	2	6.5	6.5
ER	GENERAL BRONCHODILATOR AGENTS	22110	1110	51	1059	5.0	4.8
ER	GENERAL INHALATION AGENTS	955	22	0	22	2.3	2.3
ER	GERIATRIC VITAMIN PREPARATIONS	5414	91	3	88	1.7	1.6
ER	GLUCOCORTICOID COMBINATIONS	63288	2424	217	2199	3.8	3.5
ER	GLYCYCLIC LINES	10	3	0	3	30.0	30.0
ER	GRAM POSITIVE COCCI VACCINES	65	2	1	1	3.1	1.5
ER	GROWTH HORMONES	885	31	2	29	3.5	3.3
ER	HEMATINICS, OTHER	2741	205	13	192	7.5	7.0
ER	HEMORRHOLOGIC AGENTS	999	44	1	43	4.4	4.3

## ATTACHMENT 2.1.B—Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.2.--Continued--EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
ER	HEMORRHOIDAL PREP. ANTI-INFAM STEROID/LOCAL ANESTH	19	2	0	2	10.5	10.5
ER	HEMORRHOIDAL PREPARATIONS	678	18	1	17	2.7	2.5
ER	HEPARIN AND RELATED PREPARATIONS	10074	426	25	401	4.2	4.0
ER	HEPATITIS B TREATMENT AGENTS	143	11	1	10	7.7	7.0
ER	HEPATITIS C TREATMENT AGENTS	2406	131	5	126	5.4	5.2
ER	HYPERGLYCEMICS	3175	47	1	46	1.5	1.4
ER	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE	518	48	13	35	9.3	6.8
ER	HYPERURICEMIA TX - PURINE INHIBITORS	5702	305	16	289	5.3	5.1
ER	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	3763	197	5	192	5.2	5.1
ER	HYPOGLY, INSULIN-REL STIM. & BIGUANIDE (N-S) COMB.	2269	129	15	114	5.7	5.0
ER	HYPOGLY, INSULIN-RESPONSE & INSULIN RELEASE COMB.	192	11	1	10	5.7	5.2
ER	HYPOGLY, INSUL-RESP. ENHANCER & BIGUANIDE COMB.	947	47	3	44	5.0	4.6
ER	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	304	26	0	26	8.6	8.6
ER	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	32949	1764	151	1613	5.4	4.9
ER	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	24305	1481	111	1370	6.1	5.6
ER	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	18697	517	34	483	2.8	2.6
ER	HYPOPIGMENTATION AGENTS	42	3	0	3	7.1	7.1
ER	HYPOTENSIVES, ACE INHIBITORS	97253	4935	244	4687	5.1	4.8
ER	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	23235	1137	29	1107	4.9	4.8
ER	HYPOTENSIVES,MISCELLANEOUS	3335	152	6	146	4.6	4.4
ER	HYPOTENSIVES,SYMPATHOLYTIC	36217	3651	405	3243	10.1	9.0
ER	HYPOTENSIVES,VASODILATORS	3717	228	21	207	6.1	5.6
ER	IMMUNOMODULATORS	624	20	0	20	3.2	3.2
ER	IMMUNOSUPPRESSIVES	7840	536	92	443	6.8	5.7
ER	INFLUENZA VIRUS VACCINES	407	1	0	1	0.2	0.2
ER	INOTROPIC DRUGS	4	1	0	1	25.0	25.0
ER	INSULINS	65378	5789	567	5222	8.9	8.0
ER	INTESTINAL MOTILITY STIMULANTS	18186	919	76	841	5.1	4.6
ER	IRON REPLACEMENT	74802	2272	185	2087	3.0	2.8
ER	IRRIGANTS	1578	81	36	45	5.1	2.9
ER	IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE	14	5	0	5	35.7	35.7
ER	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	3339	183	14	169	5.5	5.1
ER	IRRITANTS/COUNTER-IRRITANTS	1948	44	0	44	2.3	2.3
ER	IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS	8	1	0	1	12.5	12.5
ER	IV SOLUTIONS: DEXTROSE-SALINE	84	8	0	8	9.5	9.5
ER	IV SOLUTIONS: DEXTROSE-WATER	294	29	0	29	9.9	9.9
ER	KERATOLYTICS	4150	67	1	66	1.6	1.6
ER	LAXATIVES AND CATHARTICS	275525	9546	899	8647	3.5	3.1
ER	LAXATIVES, LOCAL/RECTAL	21003	522	23	499	2.5	2.4
ER	LEUKOCYTE (WBC) STIMULANTS	341	21	1	20	6.2	5.9
ER	LEUKOTRIENE RECEPTOR ANTAGONISTS	30188	1297	44	1253	4.3	4.2
ER	LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	17	1	0	1	5.9	5.9
ER	LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	37	2	0	2	5.4	5.4
ER	LINCOSAMIDES	6333	109	4	105	1.7	1.7
ER	LIPOTROPICS	133395	5650	245	5404	4.2	4.1
ER	LOCAL ANESTHETICS	1951	169	13	156	8.7	8.0
ER	LOOP DIURETICS	57043	4084	414	3670	7.2	6.4
ER	MACROLIDES	38733	373	12	361	1.0	0.9
ER	MAGNESIUM SALTS REPLACEMENT	5384	200	17	183	3.7	3.4
ER	MAOIS - NON-SELECTIVE & IRREVERSIBLE	18	2	0	2	11.1	11.1
ER	MAST CELL STABILIZERS	1214	52	3	49	4.3	4.0
ER	METABOLIC DEFICIENCY AGENTS	2845	136	9	127	4.8	4.5
ER	METALLIC POISON,AGENTS TO TREAT	26	2	0	2	7.7	7.7
ER	MINERALOCORTICIDS	1166	83	7	76	7.1	6.5
ER	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	7388	371	93	278	5.0	3.8
ER	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	190	22	0	22	11.6	11.6
ER	MUCOLYTICS	1539	66	9	57	4.3	3.7
ER	MULTIVITAMIN PREPARATIONS	219751	4096	349	3747	1.9	1.7
ER	MYDRIATICS	492	23	0	23	4.7	4.7
ER	NARC.& NON-SAL ANALGESIC,BARBITURATE &XANTHINE CMB	65	3	0	3	4.6	4.6
ER	NARCOTIC & SALICYLATE ANALGESICS, BARB.& XANTHINE	295	25	0	25	8.5	8.5
ER	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	7932	226	19	206	2.8	2.6
ER	NARCOTIC ANTAGONISTS	1188	79	7	72	6.6	6.1
ER	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGST-EXPECT	10	1	0	1	10.0	10.0
ER	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	10348	165	6	159	1.6	1.5
ER	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	1590	25	3	22	1.6	1.4
ER	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	12089	442	14	426	3.7	3.5
ER	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	751	31	1	30	4.1	4.0

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.2.-- Continued --EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
ER	NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	6	1	0	1	16.7	16.7
ER	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	17071	296	15	281	1.7	1.6
ER	NASAL ANTIHISTAMINE	1804	56	3	53	3.1	2.9
ER	NASAL ANTI-INFLAMMATORY STEROIDS	25950	928	27	901	3.6	3.5
ER	NASAL MAST CELL STABILIZERS AGENTS	39	5	0	5	12.8	12.8
ER	NIACIN PREPARATIONS	2708	86	7	79	3.2	2.9
ER	NITROFURAN DERIVATIVES	7829	233	14	219	3.0	2.8
ER	NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT	324	6	0	6	1.9	1.9
ER	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	12554	161	3	158	1.3	1.3
ER	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	906	20	0	20	2.2	2.2
ER	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB	338	12	2	10	3.6	3.0
ER	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	23202	459	25	434	2.0	1.9
ER	NON-NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	10	1	0	1	10.0	10.0
ER	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	32650	1887	114	1772	5.8	5.4
ER	NOSE PREPARATIONS ANTIBIOTICS	8	1	0	1	12.5	12.5
ER	NOSE PREPARATIONS, MISCELLANEOUS (OTC)	4604	98	0	98	2.1	2.1
ER	NOSE PREPARATIONS, MISCELLANEOUS (RX)	472	21	1	20	4.4	4.2
ER	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	102175	3257	142	3107	3.2	3.0
ER	OPHTHALMIC ANTIBIOTICS	9235	161	69	92	1.7	1.0
ER	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	590	20	0	20	3.4	3.4
ER	OPHTHALMIC MAST CELL STABILIZERS	31	3	1	2	9.7	6.5
ER	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	3315	45	5	40	1.4	1.2
ER	OXAZOLIDINONES	810	30	1	29	3.7	3.6
ER	PANCREATIC ENZYMES	3012	135	14	121	4.5	4.0
ER	PARASYMPATHETIC AGENTS	1101	59	9	50	5.4	4.5
ER	PEDIATRIC VITAMIN PREPARATIONS	7539	243	27	216	3.2	2.9
ER	PENICILLINS	75388	963	44	919	1.3	1.2
ER	PERIODONTAL COLLAGENASE INHIBITORS	38	5	0	5	13.2	13.2
ER	PHOSPHATE REPLACEMENT	530	19	1	18	3.6	3.4
ER	PITUITARY SUPPRESSIVE AGENTS	173	14	1	13	8.1	7.5
ER	PLATELET AGGREGATION INHIBITORS	29430	1535	74	1461	5.2	5.0
ER	PLATELET REDUCING AGENTS	36	11	1	10	30.6	27.8
ER	POLYMYXIN AND DERIVATIVES	11	4	0	4	36.4	36.4
ER	POTASSIUM REPLACEMENT	42148	2014	223	1791	4.8	4.2
ER	POTASSIUM SPARING DIURETICS	13526	852	66	786	6.3	5.8
ER	POTASSIUM SPARING DIURETICS IN COMBINATION	12099	595	21	574	4.9	4.7
ER	PRENATAL VITAMIN PREPARATIONS	16566	215	5	210	1.3	1.3
ER	PROGESTATIONAL AGENTS	2951	121	13	108	4.1	3.7
ER	PROTEIN REPLACEMENT	3	1	0	1	33.3	33.3
ER	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	177	18	4	14	10.2	7.9
ER	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	8	1	0	1	12.5	12.5
ER	PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	11	2	1	1	18.2	9.1
ER	QUINOLONES	30760	605	8	592	2.0	1.9
ER	RECTAL PREPARATIONS	1358	53	6	47	3.9	3.5
ER	RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)	5	1	0	1	20.0	20.0
ER	RENIN INHIBITOR, DIRECT	155	4	0	4	2.6	2.6
ER	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	559	51	10	41	9.1	7.3
ER	ROSACEA AGENTS, TOPICAL	474	14	0	14	3.0	3.0
ER	SEDATIVE-HYPNOTICS, NON-BARBITURATE	74994	3902	191	3707	5.2	4.9
ER	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	1165	46	4	42	3.9	3.6
ER	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	171099	10761	688	10070	6.3	5.9
ER	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	42076	2896	192	2704	6.9	6.4
ER	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	55260	3424	221	3196	6.2	5.8
ER	SKELETAL MUSCLE RELAXANTS	74526	4097	274	3818	5.5	5.1
ER	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	7833	186	17	169	2.4	2.2
ER	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	11623	224	7	217	1.9	1.9
ER	SMOKING DETERRENTS, OTHER	80	4	0	4	5.0	5.0
ER	SODIUM/SALINE PREPARATIONS	4605	449	16	433	9.8	9.4
ER	SOLVENTS	4249	265	8	257	6.2	6.0
ER	SOMATOSTATIC AGENTS	88	10	0	10	11.4	11.4
ER	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	816	51	2	49	6.3	6.0
ER	STEROID ANTINEOPLASTICS	809	37	5	32	4.6	4.0
ER	SYMPATHOMIMETIC AGENTS	6048	100	4	96	1.7	1.6
ER	TETRACYCLINES	14797	354	26	328	2.4	2.2
ER	THIAZIDE AND RELATED DIURETICS	29881	1793	87	1706	6.0	5.7
ER	THYROID HORMONES	60505	3235	139	3088	5.3	5.1
ER	TOPICAL ANTIBIOTICS	41132	861	118	743	2.1	1.8

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.2.-- Continued --EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts / Total Rx	% Cancels / Total Rx
ER	TOPICAL ANTIFUNGALS	30636	892	78	814	2.9	2.7
ER	TOPICAL ANTI-INFLAMMATORY STEROIDAL	25222	558	39	519	2.2	2.1
ER	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGENTS	11	2	0	2	18.2	18.2
ER	TOPICAL ANTIPARASITICS	7645	131	8	123	1.7	1.6
ER	TOPICAL ANTIVIRALS	988	25	2	23	2.5	2.3
ER	TOPICAL IMMUNOSUPPRESSIVE AGENTS	1709	45	7	38	2.6	2.2
ER	TOPICAL LOCAL ANESTHETICS	6861	328	36	292	4.8	4.3
ER	TOPICAL PREPARATIONS, ANTIBACTERIALS	161	6	0	6	3.7	3.7
ER	TOPICAL PREPARATIONS, MISCELLANEOUS	5	1	0	1	20.0	20.0
ER	TOPICAL SULFONAMIDES	2749	128	6	122	4.7	4.4
ER	TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL	7	2	0	2	28.6	28.6
ER	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	1397	20	2	18	1.4	1.3
ER	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	103	10	0	10	9.7	9.7
ER	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	407	35	3	32	8.6	7.9
ER	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	32399	2066	140	1921	6.4	5.9
ER	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	56464	2241	185	2052	4.0	3.6
ER	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	15956	968	48	920	6.1	5.8
ER	URICOSURIC AGENTS	103	7	0	7	6.8	6.8
ER	URINARY PH MODIFIERS	1087	32	2	30	2.9	2.8
ER	URINARY TRACT ANALGESIC AGENTS	244	16	1	15	6.6	6.1
ER	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	2383	44	3	41	1.8	1.7
ER	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	1643	54	5	49	3.3	3.0
ER	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	20347	1090	73	1017	5.4	5.0
ER	VAGINAL ANTIBIOTICS	1120	11	1	10	1.0	0.9
ER	VAGINAL ANTIFUNGALS	3578	41	2	37	1.1	1.0
ER	VAGINAL ESTROGEN PREPARATIONS	1022	50	4	46	4.9	4.5
ER	VANCOMYCIN AND DERIVATIVES	789	25	3	22	3.2	2.8
ER	VASODILATORS, COMBINATION	124	10	1	9	8.1	7.3
ER	VASODILATORS,CORONARY	22005	899	56	843	4.1	3.8
ER	VEHICLES	11817	452	28	424	3.8	3.6
ER	VITAMIN A DERIVATIVES	892	11	0	11	1.2	1.2
ER	VITAMIN B PREPARATIONS	27496	816	32	784	3.0	2.9
ER	VITAMIN B1 PREPARATIONS	7137	234	33	201	3.3	2.8
ER	VITAMIN B12 PREPARATIONS	18549	983	34	949	5.3	5.1
ER	VITAMIN B2 PREPARATIONS	83	5	0	5	6.0	6.0
ER	VITAMIN B6 PREPARATIONS	4537	137	14	123	3.0	2.7
ER	VITAMIN C PREPARATIONS	31418	942	111	831	3.0	2.6
ER	VITAMIN D PREPARATIONS	4984	280	20	260	5.6	5.2
ER	VITAMIN E PREPARATIONS	11003	251	10	241	2.3	2.2
ER	VITAMIN K PREPARATIONS	1053	34	1	33	3.2	3.1
ER	WATER	588	16	1	15	2.7	2.6
ER	XANTHINES	5415	223	14	209	4.1	3.9
ER	ZINC REPLACEMENT	11021	318	32	286	2.9	2.6
ER	<b>EARLY REFILL ALERT (ER) TOTAL</b>	<b>6,080,288</b>	<b>280,335</b>	<b>21,994</b>	<b>258,109</b>		

† **NOTE:** The number of DUR alerts is comprised of overrides, cancellations, non-responses, and reversals. Reversals are not reported separately; therefore, the number of cancellations and non-responses will not equal the number of claims.

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.3. HIGH DOSE ALERT (HD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
HD	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	5559	128	119	9	2.3	0.2
HD	1ST GEN ANTIHISTAMINE-DECONGESTANT-EXPECTORANT CMB	88	11	10	1	12.5	1.1
HD	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	7370	58	53	5	0.8	0.1
HD	2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	4337	16	15	1	0.4	0.0
HD	ABSORBABLE SULFONAMIDES	19417	34	30	4	0.2	0.0
HD	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	4040	9	8	1	0.2	0.0
HD	ADRENERGIC VASOPRESSOR AGENTS	86	2	2	0	2.3	0.0
HD	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	40671	422	360	62	1.0	0.2
HD	ADRENOCORTICOTROPHIC HORMONES	6	1	1	0	16.7	0.0
HD	AGENTS TO TREAT MULTIPLE SCLEROSIS	3513	38	27	11	1.1	0.3
HD	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	14560	75	63	12	0.5	0.1
HD	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	13920	27	24	3	0.2	0.0
HD	ALPHA-ADRENERGIC BLOCKING AGENTS	354	1	1	0	0.3	0.0
HD	AMINOGLYCOSIDES	1322	23	21	2	1.7	0.2
HD	AMMONIA INHIBITORS	2861	45	41	4	1.6	0.1
HD	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	3314	7	6	1	0.2	0.0
HD	ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB	796	30	28	2	3.8	0.3
HD	ANALGESIC/ANTIPYRETICS, SALICYLATES	157079	124	94	30	0.1	0.0
HD	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	137050	39	37	2	0.0	0.0
HD	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	2515	88	83	5	3.5	0.2
HD	ANALGESICS, NARCOTICS	237093	378	343	35	0.2	0.0
HD	ANALGESICS, NARCOTICS	176809	277	241	36	0.2	0.0
HD	ANDROGENIC AGENTS	1578	203	183	20	12.9	1.3
HD	ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	818	2	2	0	0.2	0.0
HD	ANTACIDS	29698	1236	1151	85	4.2	0.3
HD	ANTHELMINTICS	74	2	2	0	2.7	0.0
HD	ANTI-ALCOHOLIC PREPARATIONS	240	2	2	0	0.8	0.0
HD	ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC	58	1	1	0	1.7	0.0
HD	ANTI-ANXIETY DRUGS	329987	3196	2773	422	1.0	0.1
HD	ANTIARRHYTHMICS	1740	7	7	0	0.4	0.0
HD	ANTICHOLINERGICS, QUATERNARY AMMONIUM	3244	209	186	23	6.4	0.7
HD	ANTICHOLINERGICS/ANTISPASMODICS	2200	5	3	2	0.2	0.1
HD	ANTICOAGULANTS, COUMARIN TYPE	26266	165	147	18	0.6	0.1
HD	ANTICONVULSANTS	371867	1770	1515	253	0.5	0.1
HD	ANTIIDIARRHEALS	10633	120	105	15	1.1	0.1
HD	ANTIDIURETIC AND VASOPRESSOR HORMONES	6323	22	17	5	0.3	0.1
HD	ANTIEMETIC/ANTIVERTIGO AGENTS	22573	167	146	21	0.7	0.1
HD	ANTIFLATULENTS	3449	278	249	28	8.1	0.8
HD	ANTIFUNGAL AGENTS	15321	42	36	6	0.3	0.0
HD	ANTIFUNGAL ANTIBIOTICS	5563	140	130	10	2.5	0.2
HD	ANTIGENIC SKIN TESTS	120	67	53	14	55.8	11.7
HD	ANTIHISTAMINES - 1ST GENERATION	65881	189	165	24	0.3	0.0
HD	ANTIHISTAMINES - 2ND GENERATION	127691	314	258	56	0.2	0.0
HD	ANTIHYPERGLYCEMIC, INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST)	2509	51	48	3	2.0	0.1
HD	ANTIHYPERGLYCEMIC, AMYLIN ANALOG TYPE	280	24	9	15	8.6	5.4
HD	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	536	3	1	2	0.6	0.4
HD	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE	5156	6	6	0	0.1	0.0
HD	ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	1552	1	1	0	0.1	0.0
HD	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE (NON-SULFONYLUREA)	11376	12	12	0	0.1	0.0
HD	ANTIHYPERLIPID - HMG-COA & CALCIUM CHANNEL BLOCKER CB	222	1	1	0	0.5	0.0
HD	ANTIHYPERLIPID (HMG-COA) & CALCIUM CHANNEL BLOCKER CB	433	2	2	0	0.5	0.0
HD	ANTIHYPERLIPID (HMG-COA) & CALCIUM CHANNEL BLOCKER CMB	462	2	2	0	0.4	0.0
HD	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	5365	3	3	0	0.1	0.0
HD	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	844	7	6	1	0.8	0.1
HD	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	54	1	1	0	1.9	0.0
HD	ANTIMALARIAL DRUGS	3426	10	9	1	0.3	0.0
HD	ANTI-MANIA DRUGS	9777	27	21	6	0.3	0.1
HD	ANTIMETABOLITES	3903	31	27	4	0.8	0.1
HD	ANTIMIGRAINE PREPARATIONS	8472	82	78	3	1.0	0.0
HD	ANTI-MYCOTIC AGENTS	81	2	2	0	2.5	0.0
HD	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	254	4	4	0	1.6	0.0
HD	ANTINEOPLASTICS, MISCELLANEOUS	423	4	3	1	0.9	0.2
HD	ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	20335	30	21	9	0.1	0.0
HD	ANTIPARKINSONISM DRUGS, OTHER	12089	34	29	5	0.3	0.0
HD	ANTIPROTOZOAL DRUGS, MISCELLANEOUS	19	2	2	0	10.5	0.0
HD	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	37310	29	23	6	0.1	0.0
HD	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE & SEROTONIN ANTAG	190108	1073	906	166	0.6	0.1
HD	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES	734	7	7	0	1.0	0.0
HD	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	4756	22	19	3	0.5	0.1
HD	ANTI-PSYCHOTICS, PHENOTHIAZINES	10384	107	95	12	1.0	0.1

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.3. -- Continued -- HIGH DOSE ALERT (HD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
HD	CEPHALOSPORINS - 1ST GENERATION	18701	15	12	3	0.1	0.0
HD	CEPHALOSPORINS - 2ND GENERATION	4682	35	32	3	0.7	0.1
HD	CEPHALOSPORINS - 3RD GENERATION	9421	308	288	20	3.3	0.2
HD	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	50	3	3	0	6.0	0.0
HD	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	176	9	8	1	5.1	0.6
HD	CHOLINESTERASE INHIBITORS	2101	5	4	1	0.2	0.0
HD	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX	14	2	2	0	14.3	0.0
HD	COLCHICINE	1215	23	21	2	1.9	0.2
HD	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	687	15	13	2	2.2	0.3
HD	CONTRACEPTIVES, INJECTABLE	297	1	1	0	0.3	0.0
HD	CONTRACEPTIVES, ORAL	22887	163	137	26	0.7	0.1
HD	CONTRACEPTIVES, TRANSDERMAL	1669	16	14	2	1.0	0.1
HD	DECONGESTANT-EXPECTORANT COMBINATIONS	11467	44	32	12	0.4	0.1
HD	DENTAL AIDS AND PREPARATIONS	6033	467	437	30	7.7	0.5
HD	DIGITALIS GLYCOSIDES	4391	16	14	2	0.4	0.0
HD	DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT	155	1	1	0	0.6	0.0
HD	EAR PREPARATIONS ANTI-INFLAMMATORY	11	4	4	0	36.4	0.0
HD	EAR PREPARATIONS, MISC. ANTI-INFECTIONS	473	47	42	5	9.9	1.1
HD	EAR PREPARATIONS, ANTIBIOTICS	5404	634	606	27	11.7	0.5
HD	EAR PREPARATIONS, EAR WAX REMOVERS	4908	192	162	30	3.9	0.6
HD	EAR PREPARATIONS, LOCAL ANESTHETICS	1226	16	15	1	1.3	0.1
HD	ELECTROLYTE DEPLETERS	1074	8	6	2	0.7	0.2
HD	ESTROGENIC AGENTS	19966	73	63	10	0.4	0.1
HD	EXPECTORANTS	16763	54	47	7	0.3	0.0
HD	EYE ANTI-BIOTIC-CORTICOID COMBINATIONS	620	13	11	2	2.1	0.3
HD	EYE ANTIHISTAMINES	2901	112	101	11	3.9	0.4
HD	EYE ANTI-INFLAMMATORY AGENTS	2949	194	172	21	6.6	0.7
HD	EYE ANTIVIRALS	31	9	8	1	29.0	3.2
HD	EYE LOCAL ANESTHETICS	3	3	3	0	100.0	0.0
HD	EYE SULFONAMIDES	1862	365	352	13	19.6	0.7
HD	EYE VASOCONSTRICTORS (OTC ONLY)	278	46	41	5	16.5	1.8
HD	EYE VASOCONSTRICTORS (RX ONLY)	3	1	0	1	33.3	33.3
HD	FLUORIDE PREPARATIONS	1952	46	41	5	2.4	0.3
HD	FOLIC ACID PREPARATIONS	37706	45	35	10	0.1	0.0
HD	FOLLICLE STIM./LUTEINIZING HORMONES	7	4	4	0	57.1	0.0
HD	GASTRIC ACID SECRETION REDUCERS	207005	533	444	89	0.3	0.0
HD	GASTRIC ENZYMES	1010	8	5	3	0.8	0.3
HD	GENERAL ANESTHETICS, INJECTABLE	115	22	18	4	19.1	3.5
HD	GENERAL BRONCHODILATOR AGENTS	22110	342	295	47	1.5	0.2
HD	GLUCOCORTICOIDS	63288	500	452	48	0.8	0.1
HD	GRAM POSITIVE COCCI VACCINES	139	5	4	1	3.6	0.7
HD	HEMATINICS, OTHER	2741	90	73	17	3.3	0.6
HD	HEMORRHOIDAL PREPARATIONS	221	3	2	1	1.4	0.5
HD	HEPARIN AND RELATED PREPARATIONS	10074	1800	1526	274	17.9	2.7
HD	HEPATITIS C TREATMENT AGENTS	1979	71	35	36	3.6	1.8
HD	HYPERGLYCEMICS	3175	896	832	64	28.2	2.0
HD	HYPERURICEMIA TX - PURINE INHIBITORS	954	2	2	0	0.2	0.0
HD	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	1489	7	6	1	0.5	0.1
HD	HYPOGLY, INSULIN-REL. STIM. & BIGUANIDE (N-S) COMB.	285	3	3	0	1.1	0.0
HD	HYPOGLY, INSULIN-RESP. ENHANCER & BIGUANIDE COMB.	135	1	1	0	0.7	0.0
HD	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	32949	36	31	5	0.1	0.0
HD	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	24305	32	27	5	0.1	0.0
HD	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	14464	15	13	2	0.1	0.0
HD	HYPOTENSIVES, ACE INHIBITORS	97253	58	44	14	0.1	0.0
HD	HYPOTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	9492	8	7	1	0.1	0.0
HD	HYPOTENSIVES, MISCELLANEOUS	769	4	4	0	0.5	0.0
HD	HYPOTENSIVES, SYMPATHOLYTIC	36217	109	90	19	0.3	0.1
HD	HYPOTENSIVES, VASODILATORS	622	2	1	1	0.3	0.2
HD	IMMUNOMODULATORS	480	26	24	2	5.4	0.4
HD	IMMUNOSUPPRESSIVES	2724	4	3	1	0.1	0.0
HD	INFLUENZA VIRUS VACCINES	32	8	0	8	25.0	25.0
HD	INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES	0	1	0	1	#DIV/0!	#DIV/0!
HD	INSULINS	65378	134	117	17	0.2	0.0
HD	INTESTINAL MOTILITY STIMULANTS	18186	76	65	11	0.4	0.1
HD	IODINE CONTAINING AGENTS	45	3	2	1	6.7	2.2
HD	IRON REPLACEMENT	74802	277	256	21	0.4	0.0
HD	IRRITABLE BOWEL SYND. AGENT, 5HT-4 PARTIAL AGONIST	3237	21	9	12	0.6	0.4
HD	LAXATIVES AND CATHARTICS	275525	2955	2652	300	1.1	0.1
HD	LAXATIVES, LOCAL/RECTAL	21003	600	526	73	2.9	0.3
HD	LEUKOTRIENE RECEPTOR ANTAGONISTS	25388	16	15	1	0.1	0.0

## ATTACHMENT 2.1.B.--Cont--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.3. -- Continued --HIGH DOSE ALERT (HD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
HD	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	690	8	7	1	1.2	0.1
HD	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	12089	266	239	27	2.2	0.2
HD	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	474	14	12	2	3.0	0.4
HD	NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	10	2	2	0	20.0	0.0
HD	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	17071	237	225	12	1.4	0.1
HD	NASAL ANTIHISTAMINE	1804	71	66	5	3.9	0.3
HD	NASAL ANTI-INFLAMMATORY STEROIDS	25950	2281	2080	201	8.8	0.8
HD	NASAL MAST CELL STABILIZERS AGENTS	81	14	13	1	17.3	1.2
HD	NEUROMUSCULAR BLOCKING AGENTS	5	2	1	1	40.0	20.0
HD	NIACIN PREPARATIONS	213	1	1	0	0.5	0.0
HD	NITROFURAN DERIVATIVES	3781	10	10	0	0.3	0.0
HD	NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT	545	44	39	5	8.1	0.9
HD	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	12987	639	580	59	4.9	0.5
HD	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	928	19	15	4	2.0	0.4
HD	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB	91	2	2	0	2.2	0.0
HD	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	23202	116	102	14	0.5	0.1
HD	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	24956	46	37	9	0.2	0.0
HD	NOSE PREPARATIONS, MISCELLANEOUS (OTC)	782	3	3	0	0.4	0.0
HD	NOSE PREPARATIONS, MISCELLANEOUS (RX)	452	82	75	7	18.1	1.5
HD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	102175	261	218	43	0.3	0.0
HD	OPHTHALMIC ANTIBIOTICS	9235	497	463	34	5.4	0.4
HD	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	3315	985	922	63	29.7	1.9
HD	OXAZOLIDINONES	283	5	5	0	1.8	0.0
HD	PANCREATIC ENZYMES	2800	107	89	17	3.8	0.6
HD	PARASYMPATHETIC AGENTS	87	1	0	1	1.1	1.1
HD	PEDIATRIC VITAMIN PREPARATIONS	6916	84	74	10	1.2	0.1
HD	PENICILLINS	75388	461	408	53	0.6	0.1
HD	PERIODONTAL COLLAGENASE INHIBITORS	59	3	3	0	5.1	0.0
HD	PHOSPHATE REPLACEMENT	97	2	2	0	2.1	0.0
HD	PITUITARY SUPPRESSIVE AGENTS	57	3	3	0	5.3	0.0
HD	PLATELET AGGREGATION INHIBITORS	29430	47	41	6	0.2	0.0
HD	POLYMYXIN AND DERIVATIVES	7	5	0	5	71.4	71.4
HD	POTASSIUM REPLACEMENT	42148	195	164	31	0.5	0.1
HD	POTASSIUM SPARING DIURETICS	5610	11	10	1	0.2	0.0
HD	POTASSIUM SPARING DIURETICS IN COMBINATION	8249	10	8	2	0.1	0.0
HD	PRENATAL VITAMIN PREPARATIONS	16566	106	96	10	0.6	0.1
HD	PROGESTATIONAL AGENTS	2680	32	28	4	1.2	0.1
HD	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	175	11	9	2	6.3	1.1
HD	QUINOLONES	30760	79	63	16	0.3	0.1
HD	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	256	11	9	2	4.3	0.8
HD	SEDATIVE-HYPNOTICS, NON-BARBITURATE	74994	644	549	93	0.9	0.1
HD	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	280	3	2	1	1.1	0.4
HD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	171099	363	283	80	0.2	0.0
HD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	27911	20	16	4	0.1	0.0
HD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	55260	233	191	42	0.4	0.1
HD	SKELETAL MUSCLE RELAXANTS	74526	296	252	44	0.4	0.1
HD	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	7833	67	53	14	0.9	0.2
HD	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	10330	24	18	6	0.2	0.1
HD	SMOKING DETERRENTS, OTHER	49	3	2	1	6.1	2.0
HD	SODIUM/SALINE PREPARATIONS	510	1	0	1	0.2	0.2
HD	SOMATOSTATIC AGENTS	153	20	15	5	13.1	3.3
HD	SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB	298	10	10	0	3.4	0.0
HD	SYMPATHOMIMETIC AGENTS	6048	58	53	5	1.0	0.1
HD	TETRACYCLINES	8658	12	10	2	0.1	0.0
HD	THIAZIDE AND RELATED DIURETICS	14966	8	5	3	0.1	0.0
HD	THROMBOLYTIC ENZYMES	59	34	32	2	57.6	3.4
HD	THYROID HORMONES	60505	79	70	9	0.1	0.0
HD	TOPICAL ANTIPARASITICS	6041	16	16	0	0.3	0.0
HD	TOPICAL LOCAL ANESTHETICS	6861	112	99	13	1.6	0.2
HD	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	428	15	15	0	3.5	0.0
HD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	32399	77	60	17	0.2	0.1

## ATTACHMENT 2.1.B.--Cont--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.3. -- Continued --HIGH DOSE ALERT (HD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
HD	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	56464	399	341	52	0.7	0.1
HD	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	13340	37	31	6	0.3	0.0
HD	URINARY PH MODIFIERS	1005	21	21	0	2.1	0.0
HD	URINARY TRACT ANALGESIC AGENTS	71	2	2	0	2.8	0.0
HD	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	1150	6	6	0	0.5	0.0
HD	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	132	1	1	0	0.8	0.0
HD	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	20347	40	23	17	0.2	0.1
HD	VACCINE/TOXOID PREPARATIONS,COMBINATIONS	20	2	2	0	10.0	0.0
HD	VAGINAL ANTIBIOTICS	1445	55	51	4	3.8	0.3
HD	VAGINAL ANTIFUNGALS	3578	198	173	25	5.5	0.7
HD	VAGINAL ESTROGEN PREPARATIONS	922	16	12	4	1.7	0.4
HD	VANCOMYCIN AND DERIVATIVES	946	47	38	9	5.0	1.0
HD	VASODILATORS,CORONARY	22005	486	426	60	2.2	0.3
HD	VEHICLES	6970	14	14	0	0.2	0.0
HD	VITAMIN B PREPARATIONS	27496	104	82	22	0.4	0.1
HD	VITAMIN B1 PREPARATIONS	7137	273	239	34	3.8	0.5
HD	VITAMIN B12 PREPARATIONS	18549	1570	1246	324	8.5	1.7
HD	VITAMIN B6 PREPARATIONS	4537	74	67	7	1.6	0.2
HD	VITAMIN D PREPARATIONS	4689	45	40	5	1.0	0.1
HD	VITAMIN E PREPARATIONS	9128	34	29	5	0.4	0.1
HD	VITAMIN K PREPARATIONS	365	3	3	0	0.8	0.0
HD	XANTHINES	924	2	2	0	0.2	0.0
HD	ZINC REPLACEMENT	11021	18	17	1	0.2	0.0
HD	<b>HIGH DOSEALERT (HD) TOTAL</b>	<b>5,593,983</b>	<b>42,906</b>	<b>37,683</b>	<b>5,198</b>		

† **NOTE:** The number of DUR alerts is comprised of overrides, cancellations, non-responses, and reversals. Reversals are not reported separately; therefore, the number of cancellations and non-responses will not equal the number of claims.

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.4. LATE REFILL (LR)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
LR	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	2664	9	8	1	0.3	0.0
LR	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	40671	64	58	6	0.2	0.0
LR	AGENTS TO TREAT MULTIPLE SCLEROSIS	1733	12	9	3	0.7	0.2
LR	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	14560	118	104	14	0.8	0.1
LR	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	16888	198	171	27	1.2	0.2
LR	ALPHA-ADRENERGIC BLOCKING AGENTS	1692	10	10	0	0.6	0.0
LR	AMMONIA INHIBITORS	2576	25	25	0	1.0	0.0
LR	ANALGESIC/ANTIPIRETTICS, SALICYLATES	13576	2	2	0	0.0	0.0
LR	ANDROGENIC AGENTS	125	1	1	0	0.8	0.0
LR	ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC	35	1	0	1	2.9	2.9
LR	ANTI-ANXIETY DRUGS	137809	7	6	1	0.0	0.0
LR	ANTIARRHYTHMICS	3206	47	20	27	1.5	0.8
LR	ANTICOAGULANTS, COUMARIN TYPE	26266	58	50	8	0.2	0.0
LR	ANTICONVULSANTS	371867	314	283	31	0.1	0.0
LR	ANTIIDIARRHEALS	9824	31	30	1	0.3	0.0
LR	ANTIIDIURETIC AND VASOPRESSOR HORMONES	1749	5	2	3	0.3	0.2
LR	ANTIISTAMINES - 2ND GENERATION	127691	89	77	12	0.1	0.0
LR	ANTIHYPERGLYCEMIC, INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST)	2136	18	18	0	0.8	0.0
LR	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	316	48	6	42	15.2	13.3
LR	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE	5156	3	3	0	0.1	0.0
LR	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE (NON-SULFONYLUREA)	11376	3	3	0	0.0	0.0
LR	ANTIHYPERLIPID - HMG-COA & CALCIUM CHANNEL BLOCKER CB	222	1	1	0	0.5	0.0
LR	ANTIHYPERLIPID (HMG-COA) & CALCIUM CHANNEL BLOCKER CB	235	1	1	0	0.4	0.0
LR	ANTIHYPERLIPID (HMGCOA) & CALCIUM CHANNEL BLOCKER CMB	226	1	1	0	0.4	0.0
LR	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	5365	1	1	0	0.0	0.0
LR	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	332	2	1	1	0.6	0.3
LR	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	70	1	1	0	1.4	0.0
LR	ANTIMALARIAL DRUGS	698	1	1	0	0.1	0.0
LR	ANTI-MANIA DRUGS	6144	7	6	1	0.1	0.0
LR	ANTIMETABOLITES	328	3	2	1	0.9	0.3
LR	ANTI-MYCOBACTERIUM AGENTS	330	13	10	3	3.9	0.9
LR	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	99	1	1	0	1.0	0.0
LR	ANTINEOPLASTICS, MISCELLANEOUS	423	3	1	2	0.7	0.5
LR	ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	20335	149	12	137	0.7	0.7
LR	ANTIPARKINSONISM DRUGS, OTHER	9629	7	5	2	0.1	0.0
LR	ANTIPSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES	14	9	2	7	64.3	50.0
LR	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	21759	8	8	0	0.0	0.0
LR	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE & SEROTONIN ANTAG	190108	242	205	37	0.1	0.0
LR	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES	385	3	3	0	0.8	0.0
LR	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	727	1	1	0	0.1	0.0
LR	ANTI-PSYCHOTICS, PHENOTHIAZINES	10384	217	167	50	2.1	0.5
LR	ANTI-ULCER PREPARATIONS	748	3	3	0	0.4	0.0
LR	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	1501	21	21	0	1.4	0.0
LR	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	291	4	3	1	1.4	0.3
LR	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	2197	21	11	10	1.0	0.5
LR	APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.	441	8	7	1	1.8	0.2
LR	BARBITURATES	4129	2	0	2	0.0	0.0
LR	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	627	1	1	0	0.2	0.0
LR	BETA-ADRENERGIC AGENTS	114665	667	603	64	0.6	0.1
LR	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	1929	1	1	0	0.1	0.0
LR	BETA-ADRENERGIC BLOCKING AGENTS	90970	648	536	112	0.7	0.1
LR	BETA-ADRENERGICS AND GLUCOCORTICOID COMBINATION	17911	27	23	4	0.2	0.0
LR	BILE SALTS	461	10	9	1	2.2	0.2
LR	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	151	10	10	0	6.6	0.0
LR	BONE RESORPTION INHIBITORS	15235	49	44	5	0.3	0.0
LR	CALCIUM CHANNEL BLOCKING AGENTS	52062	426	342	84	0.8	0.2
LR	CARBONIC ANHYDRASE INHIBITORS	405	6	2	4	1.5	1.0
LR	CHOLINESTERASE INHIBITORS	410	1	1	0	0.2	0.0
LR	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX	9	1	1	0	11.1	0.0
LR	COLCHICINE	641	7	6	1	1.1	0.2
LR	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	84	1	1	0	1.2	0.0
LR	CONTRACEPTIVES, INJECTABLE	297	1	1	0	0.3	0.0
LR	CONTRACEPTIVES, ORAL	19417	31	25	6	0.2	0.0
LR	CONTRACEPTIVES, TRANSDERMAL	1046	6	6	0	0.6	0.0
LR	DIGITALIS GLYCOSIDES	2530	9	9	0	0.4	0.0
LR	ELECTROLYTE DEPLETERS	252	2	1	1	0.8	0.4
LR	ESTROGENIC AGENTS	13333	17	14	3	0.1	0.0
LR	GASTRIC ACID SECRETION REDUCERS	207005	175	162	13	0.1	0.0

## ATTACHMENT 2.1.B--Cont--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### Continued -- ATTACHMENT 2.1.B.4. LATE REFILL (LR)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
LR	GENERAL BRONCHODILATOR AGENTS	22110	134	126	8	0.6	0.0
LR	GLUCOCORTICIDS	63288	93	91	2	0.1	0.0
LR	HEMATINICS,OTHER	2741	20	18	2	0.7	0.1
LR	HYPERURICEMIA TX - PURINE INHIBITORS	485	1	1	0	0.2	0.0
LR	HYPOGLY, INSULIN-REL STIM. & BIGUANIDE (N-S) COMB.	285	1	1	0	0.4	0.0
LR	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	19107	8	8	0	0.0	0.0
LR	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	19224	11	9	2	0.1	0.0
LR	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	8455	5	5	0	0.1	0.0
LR	HYPOTENSIVES, ACE INHIBITORS	97253	568	420	148	0.6	0.2
LR	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	23235	94	78	16	0.4	0.1
LR	HYPOTENSIVES,MISCELLANEOUS	609	2	2	0	0.3	0.0
LR	HYPOTENSIVES,SYMPATHOLYTIC	36217	412	365	47	1.1	0.1
LR	HYPOTENSIVES,VASODILATORS	3427	39	31	8	1.1	0.2
LR	IMMUNOSUPPRESSIVES	3947	9	2	7	0.2	0.2
LR	INSULINS	65378	64	59	5	0.1	0.0
LR	LAXATIVES AND CATHARTICS	136298	13	13	0	0.0	0.0
LR	LEUKOTRIENE RECEPTOR ANTAGONISTS	2629	1	1	0	0.0	0.0
LR	LIPOTROPICS	133395	4572	4044	527	3.4	0.4
LR	LOOP DIURETICS	57043	527	456	71	0.9	0.1
LR	MINERALOCORTICIDS	560	7	7	0	1.3	0.0
LR	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	7388	626	576	49	8.5	0.7
LR	MUCOLYTICS	809	6	5	1	0.7	0.1
LR	MYDRIATICS	515	20	19	1	3.9	0.2
LR	NASAL ANTIHISTAMINE	1804	39	37	2	2.2	0.1
LR	NASAL ANTI-INFLAMMATORY STEROIDS	25950	1149	1093	56	4.4	0.2
LR	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	32650	488	436	52	1.5	0.2
LR	NOSE PREPARATIONS, MISCELLANEOUS (RX)	464	35	31	4	7.5	0.9
LR	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	102175	1140	992	144	1.1	0.1
LR	PANCREATIC ENZYMES	2800	44	37	6	1.6	0.2
LR	PLATELET AGGREGATION INHIBITORS	22311	14	14	0	0.1	0.0
LR	POTASSIUM REPLACEMENT	42148	741	81	660	1.8	1.6
LR	POTASSIUM SPARING DIURETICS	13526	72	61	11	0.5	0.1
LR	POTASSIUM SPARING DIURETICS IN COMBINATION	10107	19	15	4	0.2	0.0
LR	PROGESTATIONAL AGENTS	2196	11	11	0	0.5	0.0
LR	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	171099	2409	2091	317	1.4	0.2
LR	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	42076	370	314	56	0.9	0.1
LR	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	55260	1585	1402	183	2.9	0.3
LR	SKELETAL MUSCLE RELAXANTS	68631	61	33	28	0.1	0.0
LR	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	224	6	6	0	2.7	0.0
LR	THIAZIDE AND RELATED DIURETICS	29881	56	46	10	0.2	0.0
LR	THYROID HORMONES	44787	22	21	1	0.0	0.0
LR	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	32399	425	340	80	1.3	0.2
LR	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD)/NARCOLEPSY	56464	67	65	2	0.1	0.0
LR	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	4239	3	3	0	0.1	0.0
LR	URINARY PH MODIFIERS	77	1	1	0	1.3	0.0
LR	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	732	14	0	14	1.9	1.9
LR	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	20347	317	13	304	1.6	1.5
LR	VAGINAL ESTROGEN PREPARATIONS	90	1	1	0	1.1	0.0
LR	VASODILATORS, COMBINATION	18	1	0	1	5.6	5.6
LR	VASODILATORS,CORONARY	22005	1083	994	89	4.9	0.4
LR	VITAMIN B12 PREPARATIONS	5847	4	4	0	0.1	0.0
LR	<b>LATE REFILL (LR) TOTAL</b>	<b>3,123,181</b>	<b>21,299</b>	<b>17,638</b>	<b>3,648</b>		

† **NOTE:** The number of DUR alerts is comprised of overrides, cancellations, non-responses, and reversals. Reversals are not reported separately; therefore, the number of cancellations and non-responses will not equal the number of claims.

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.5. DRUG-DISEASE CONTRAINDICATION (MC)

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx
MC	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	5559	51	9	42	0.9	0.8
MC	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	7370	70	5	65	0.9	0.9
MC	2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	6527	97	9	88	1.5	1.3
MC	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	8089	61	30	31	0.8	0.4
MC	ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	1726	28	0	28	1.6	1.6
MC	ACNE AGENTS,SYSTEMIC	27	4	1	3	14.8	11.1
MC	ADRENERGIC VASOPRESSOR AGENTS	251	11	1	10	4.4	4
MC	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	40671	993	274	717	2.4	1.8
MC	ADRENOCORTICOTROPHIC HORMONES	3	1	0	1	33.3	33.3
MC	AGENTS TO TREAT MULTIPLE SCLEROSIS	3513	116	23	91	3.3	2.6
MC	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	14560	120	61	53	0.8	0.4
MC	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	16888	1090	629	460	6.5	2.7
MC	AMINOGLYCOSIDES	1351	30	12	15	2.2	1.1
MC	ANALGESIC, NON-SAL- 1ST GENERATION ANTIHISTAMINE	321	11	0	11	3.4	3.4
MC	ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.	143	9	0	9	6.3	6.3
MC	ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB	796	56	28	28	7	3.5
MC	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB	3686	129	1	128	3.5	3.5
MC	ANALGESIC/ANTIPYRETICS, SALICYLATES	145112	70	36	33	0	0
MC	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	93704	226	65	159	0.2	0.2
MC	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	2515	143	49	94	5.7	3.7
MC	ANALGESICS, NARCOTICS	413902	64060	51979	11985	15.5	2.9
MC	ANAPHYLAXIS THERAPY AGENTS	853	7	1	6	0.8	0.7
MC	ANDROGENIC AGENTS	1578	97	76	21	6.1	1.3
MC	ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	1392	12	0	12	0.9	0.9
MC	ANTACIDS	29698	259	164	94	0.9	0.3
MC	ANTI-ALCOHOLIC PREPARATIONS	919	13	1	12	1.4	1.3
MC	ANTI-ANXIETY DRUGS	329987	12118	2027	10041	3.7	3
MC	ANTIARRHYTHMICS	3461	173	30	142	5	4.1
MC	ANTICHOLINERGICS, QUATERNARY AMMONIUM	3244	76	24	52	2.3	1.6
MC	ANTICHOLINERGICS/ANTISPASMODICS	5203	332	12	320	6.4	6.2
MC	ANTICOAGULANTS, COUMARIN TYPE	26266	1340	480	857	5.1	3.3
MC	ANTICONVULSANTS	371867	6905	540	6323	1.9	1.7
MC	ANTI-DIARRHEALS	10633	590	27	562	5.5	5.3
MC	ANTI-DIURETIC AND VASOPRESSOR HORMONES	6920	181	6	175	2.6	2.5
MC	ANTIEMETIC/ANTI-VERTIGO AGENTS	22573	243	44	198	1.1	0.9
MC	ANTIFUNGAL AGENTS	7864	6	2	4	0.1	0.1
MC	ANTIHISTAMINES - 1ST GENERATION	65881	833	77	755	1.3	1.1
MC	ANTIHYPERTENSIVE, INSULIN-RELEASE STIMULANT TYPE	2571	1	0	1	0	0
MC	ANTIHYPERTENSIVE, INSULIN-RESPONSE ENHANCER (N-S)	5186	7	2	5	0.1	0.1
MC	ANTIHYPERTENSIVE, BIGUANIDE TYPE (NON-SULFONYLUREA)	3538	2	0	2	0.1	0.1
MC	ANTIHYPERTENSIVE, INSULIN-REL. STIM. & BIGUANIDE CMB	209	1	0	1	0.5	0.5
MC	ANTIHYPERTENSIVE - HMG COA REDUCTASE INHIBITORS	5365	1	1	0	0	0
MC	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1860	54	6	45	2.9	2.4
MC	ANTIMALARIAL DRUGS	1866	5	4	1	0.3	0.1
MC	ANTI-MANIA DRUGS	11796	30	0	30	0.3	0.3
MC	ANTIMIGRAINE PREPARATIONS	8472	319	218	101	3.8	1.2
MC	ANTI-NARCOLEPSY & ANTI-CATALEPSY, SEDATIVE-TYPE AGT	27	9	0	9	33.3	33.3
MC	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	79	4	0	4	5.1	5.1
MC	ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	22058	1120	51	1066	5.1	4.8
MC	ANTIPARKINSONISM DRUGS, OTHER	15795	186	14	170	1.2	1.1
MC	ANTIPSYCHOTICS, ATYP. D2 PARTIAL AGONIST/5HT MIXED	37310	1009	54	953	2.7	2.6
MC	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	626	54	0	54	8.6	8.6
MC	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	190108	6417	781	5611	3.4	3
MC	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHINES	1483	68	9	59	4.6	4
MC	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	9012	532	46	475	5.9	5.3
MC	ANTIPSYCHOTICS, DOPAMINE ANTAGONIST, DIHYDROINDOLONES	45	5	0	5	11.1	11.1
MC	ANTI-PSYCHOTICS, PHENOTHIAZINES	10384	2178	1431	741	21	7.1
MC	ANTISPASMODIC AGENTS	6	1	0	1	16.7	16.7
MC	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	1020	18	2	16	1.8	1.6
MC	APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.	2149	15	6	9	0.7	0.4
MC	BARBITURATES	24614	202	14	188	0.8	0.8
MC	BELLADONNA ALKALOIDS	4617	218	0	215	4.7	4.7
MC	BETA-ADRENERGIC AGENTS	114665	4007	812	3174	3.5	2.8
MC	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	1929	35	3	32	1.8	1.7
MC	BETA-ADRENERGIC BLOCKING AGENTS	90970	5666	2475	3181	6.2	3.5
MC	BICARBONATE PRODUCING/CONTAINING AGENTS	87	9	1	8	10.3	9.2
MC	CALCIUM CHANNEL BLOCKING AGENTS	48238	32	16	16	0.1	0
MC	CALCIUM REPLACEMENT	11733	1	0	1	0	0

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.5. DRUG-DISEASE CONTRAINDICATION (MC)

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx
MC	CARBAPENEMS (THIENAMYCINS)	38	1	0	1	2.6	2.6
MC	CARBONIC ANHYDRASE INHIBITORS	930	35	14	21	3.8	2.3
MC	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	225	9	1	7	4	3.1
MC	CHOLINESTERASE INHIBITORS	4935	95	3	92	1.9	1.9
MC	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	666	15	7	8	2.3	1.2
MC	CONTRACEPTIVES, INJECTABLE	3989	107	7	99	2.7	2.5
MC	CONTRACEPTIVES, ORAL	22887	741	83	653	3.2	2.9
MC	CONTRACEPTIVES, TRANSDERMAL	2316	67	4	63	2.9	2.7
MC	DECONGESTANT-ANTICHOLINERGIC COMBINATIONS	3	2	0	2	66.7	66.7
MC	DECONGESTANT-EXPECTORANT COMBINATIONS	11467	139	8	130	1.2	1.1
MC	ESTROGENIC AGENTS	19966	460	37	420	2.3	2.1
MC	EYE VASOCONSTRICTORS (OTC ONLY)	228	23	21	2	10.1	0.9
MC	EYE VASOCONSTRICTORS (RX ONLY)	3	1	0	1	33.3	33.3
MC	GENERAL BRONCHODILATOR AGENTS	1907	1	0	1	0.1	0.1
MC	GLUCOCORTICOIDS	63288	1437	256	1174	2.3	1.9
MC	HEMATINICS, OTHER	2741	160	35	124	5.8	4.5
MC	HEMORRHOIDAL PREPARATIONS	448	10	1	9	2.2	2
MC	HEPATITIS C TREATMENT AGENTS	2406	114	24	90	4.7	3.7
MC	HYPERURICEMIA TX - PURINE INHIBITORS	5702	64	3	60	1.1	1.1
MC	IMMUNOMODULATORS	206	6	5	1	2.9	0.5
MC	IMMUNOSUPPRESSIVES	7840	237	37	198	3	2.5
MC	INSULINS	54785	25	3	21	0	0
MC	INTESTINAL MOTILITY STIMULANTS	18186	804	85	715	4.4	3.9
MC	IODINE CONTAINING AGENTS	23	1	0	1	4.3	4.3
MC	IRON REPLACEMENT	23627	6	1	5	0	0
MC	IRRITABLE BOWEL SYND. AGENT, 5HT-4 PARTIAL AGONIST	3237	45	2	43	1.4	1.3
MC	LAXATIVES AND CATHARTICS	23717	1	0	1	0	0
MC	LINCOSAMIDES	3747	16	4	12	0.4	0.3
MC	LIPOTROPICS	133395	101	74	27	0.1	0
MC	LOCAL ANESTHETICS	813	9	3	6	1.1	0.7
MC	MAGNESIUM SALTS REPLACEMENT	4902	34	16	18	0.7	0.4
MC	MAOIS - NON-SELECTIVE & IRREVERSIBLE	14	2	0	2	14.3	14.3
MC	MINERALOCORTICOIDS	1166	93	30	63	8	5.4
MC	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	7388	94	57	37	1.3	0.5
MC	NARC. & NON-SAL. ANALGESIC, BARBITURATE & XANTHINE CMB	65	3	0	2	4.6	3.1
MC	NARCOTIC & SALICYLATE ANALGESICS, BARB. & XANTHINE	295	32	7	25	10.8	8.5
MC	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	7932	80	5	73	1	0.9
MC	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT	10	1	0	1	10	10
MC	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	10348	114	19	95	1.1	0.9
MC	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	1325	18	3	15	1.4	1.1
MC	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	12089	418	138	271	3.5	2.2
MC	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	751	60	11	49	8	6.5
MC	NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	4	1	1	0	25	0
MC	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	17071	133	39	91	0.8	0.5
MC	NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT	96	1	0	1	1	1
MC	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	12987	73	40	32	0.6	0.2
MC	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	707	12	3	9	1.7	1.3
MC	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB	265	7	1	6	2.6	2.3
MC	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	32650	3828	2287	1539	11.7	4.7
MC	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	102175	5766	3267	2482	5.6	2.4
MC	PARASYMPATHETIC AGENTS	1019	30	4	25	2.9	2.5
MC	PHOSPHATE REPLACEMENT	322	11	2	9	3.4	2.8
MC	PITUITARY SUPPRESSIVE AGENTS	14	1	0	1	7.1	7.1
MC	PLATELET AGGREGATION INHIBITORS	22420	21	2	19	0.1	0.1

# ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

Continued -- ATTACHMENT 2.1.B.5. DRUG-DISEASE CONTRAINDICATION (MC)

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx
MC	POTASSIUM REPLACEMENT	42148	1998	168	1819	4.7	4.3
MC	POTASSIUM SPARING DIURETICS	13526	482	150	331	3.6	2.4
MC	POTASSIUM SPARING DIURETICS IN COMBINATION	12099	255	66	189	2.1	1.6
MC	PRENATAL VITAMIN PREPARATIONS	2671	2	0	2	0.1	0.1
MC	PROGESTATIONAL AGENTS	2951	114	28	86	3.9	2.9
MC	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	211	23	9	14	10.9	6.6
MC	QUINOLONES	30760	1333	592	740	4.3	2.4
MC	RECTAL PREPARATIONS	1358	44	2	40	3.2	2.9
MC	RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)	5	1	0	1	20	20
MC	SEDATIVE-HYPNOTICS, NON-BARBITURATE	74994	2502	318	2178	3.3	2.9
MC	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	171099	8457	5078	3358	4.9	2
MC	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	38875	21	19	2	0.1	0
MC	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	55260	10795	7412	3364	19.5	6.1
MC	SKELETAL MUSCLE RELAXANTS	74526	1128	147	976	1.5	1.3
MC	SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)	1336	10	0	10	0.7	0.7
MC	SMOKING DETERRENTS, OTHER	88	6	1	5	6.8	5.7
MC	SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB	608	18	2	16	3	2.6
MC	STEROID ANTINEOPLASTICS	226	3	1	2	1.3	0.9
MC	SYMPATHOMIMETIC AGENTS	6048	57	17	39	0.9	0.6
MC	THYROID HORMONES	60505	2108	117	1980	3.5	3.3
MC	TOPICAL ANTIPARASITICS	2866	5	2	3	0.2	0.1
MC	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	84	9	0	9	10.7	10.7
MC	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	480	35	19	16	7.3	3.3
MC	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	32399	2259	1186	1069	7	3.3
MC	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	56464	926	177	738	1.6	1.3
MC	URINARY PH MODIFIERS	1005	27	15	11	2.7	1.1
MC	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	208	1	0	1	0.5	0.5
MC	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	20347	1098	44	1052	5.4	5.2
MC	VASODILATORS, CORONARY	1897	1	1	0	0.1	0
MC	XANTHINES	5415	170	10	159	3.1	2.9
Total		3,643,066	162,220	84,900	76,861		

† **NOTE:** The number of DUR alerts is comprised of overrides, cancellations, non-responses, and reversals. Reversals are not reported separately; therefore, the number of cancellations and non-responses will not equal the number of claims.

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.6. DRUG-AGE [PEDIATRIC ALERT] (PA)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
PA	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	423	2	0	2	0.5	0.5
PA	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	1055	3	0	3	0.3	0.3
PA	ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB	434	3	2	1	0.7	0.2
PA	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB	1814	4	0	4	0.2	0.2
PA	ANALGESIC/ANTIPYRETICS, SALICYLATES	38712	5	3	2	0.0	0.0
PA	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	71295	61	35	26	0.1	0.0
PA	ANTI-ANXIETY DRUGS	329987	421	120	299	0.1	0.1
PA	ANTICONVULSANTS	220728	14	0	14	0.0	0.0
PA	ANTIEMETIC/ANTIVERTIGO AGENTS	1879	1	0	1	0.1	0.1
PA	ANTIHISTAMINES - 1ST GENERATION	32230	12	1	11	0.0	0.0
PA	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	161	1	1	0	0.6	0.0
PA	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	21962	762	60	698	3.5	3.2
PA	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	159267	295	93	202	0.2	0.1
PA	ANTI-PSYCHOTICS, PHENOTHIAZINES	1738	2	1	1	0.1	0.1
PA	BARBITURATES	2063	1	0	1	0.0	0.0
PA	BELLADONNA ALKALOIDS	1589	7	3	4	0.4	0.3
PA	BETA-ADRENERGIC AGENTS	106358	50	1	48	0.0	0.0
PA	CEPHALOSPORINS - 3RD GENERATION	495	1	0	1	0.2	0.2
PA	EAR PREPARATIONS ANTI-INFLAMMATORY	2	2	2	0	100.0	0.0
PA	GROWTH HORMONES	111	1	1	0	0.9	0.0
PA	HYPOTENSIVES, SYMPATHOLYTIC	36217	519	232	283	1.4	0.8
PA	LAXATIVES AND CATHARTICS	275525	281	52	224	0.1	0.1
PA	LAXATIVES, LOCAL/RECTAL	21003	372	174	197	1.8	0.9
PA	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT	10	1	0	1	10.0	10.0
PA	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	8388	15	6	9	0.2	0.1
PA	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	12089	56	28	28	0.5	0.2
PA	NASAL ANTI-INFLAMMATORY STEROIDS	2154	1	0	1	0.0	0.0
PA	NITROFURAN DERIVATIVES	4391	7	1	6	0.2	0.1
PA	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	8039	16	11	5	0.2	0.1
PA	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	102175	63	21	41	0.1	0.0
PA	PENICILLINS	20401	5	3	2	0.0	0.0
PA	SEDATIVE-HYPNOTICS, NON-BARBITURATE	50873	17	1	16	0.0	0.0
PA	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	143281	20	8	12	0.0	0.0
PA	SKELETAL MUSCLE RELAXANTS	55690	17	4	13	0.0	0.0
PA	TOPICAL ANTIBIOTICS	3330	1	0	1	0.0	0.0
PA	TOPICAL ANTI-INFLAMMATORY STEROIDAL	1911	1	1	0	0.1	0.0
PA	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	26537	16	3	12	0.1	0.0
PA	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	14375	3	0	3	0.0	0.0
PA	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	18715	26	2	24	0.1	0.1
PA	<b>DRUG-AGE [PEDIATRIC] (PA) ALERT TOTAL</b>	<b>1,797,407</b>	<b>3,085</b>	<b>870</b>	<b>2,196</b>		

† **NOTE:** The number of DUR alerts is comprised of overrides, cancellations, non-responses, and reversals. Reversals are not reported separately; therefore, the number of cancellations and non-responses will not equal the number of claims.

## ATTACHMENT 2.1.B.--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.7. DRUG-GENDER [PREGNANCY ALERT] (PG)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
PG	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	2425	4	2	2	0.2	0.1
PG	ANALGESIC/ANTIPIRETTICS, NON-SALICYLATE	36758	3	1	2	0.0	0.0
PG	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	189	1	1	0	0.5	0.0
PG	ANALGESICS, NARCOTICS	237093	23	17	6	0.0	0.0
PG	ANALGESICS, NARCOTICS	176809	12	12	0	0.0	0.0
PG	ANTI-ANXIETY DRUGS	276298	21	2	19	0.0	0.0
PG	ANTICONSULSANTS	185716	12	0	12	0.0	0.0
PG	ANTIEMETIC/ANTIVERTIGO AGENTS	3573	5	0	5	0.1	0.1
PG	ANTIHIAMINES - 1ST GENERATION	21897	4	0	4	0.0	0.0
PG	ANTIHIAMINES - 2ND GENERATION	31270	3	0	3	0.0	0.0
PG	ANTIHYPERTENSIVE, BIGUANIDE TYPE (NON-SULFONYLUREA)	3899	2	1	1	0.1	0.0
PG	ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	3816	2	0	2	0.1	0.1
PG	ANTI-ULCER PREPARATIONS	220	3	1	2	1.4	0.9
PG	ANTIVIRALS, GENERAL	522	1	0	1	0.2	0.2
PG	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	231	2	0	2	0.9	0.9
PG	BETA-ADRENERGIC AGENTS	19077	2	1	1	0.0	0.0
PG	BETA-ADRENERGIC BLOCKING AGENTS	45304	10	4	6	0.0	0.0
PG	BONE RESORPTION INHIBITORS	1235	1	0	1	0.1	0.1
PG	CEPHALOSPORINS - 1ST GENERATION	7990	3	0	3	0.0	0.0
PG	CONTRACEPTIVES, INJECTABLE	295	1	0	1	0.3	0.3
PG	CONTRACEPTIVES, ORAL	9199	9	0	9	0.1	0.1
PG	CONTRACEPTIVES, TRANSDERMAL	183	1	0	1	0.5	0.5
PG	DENTAL AIDS AND PREPARATIONS	1023	2	1	1	0.2	0.1
PG	EAR PREPARATIONS, ANTIBIOTICS	511	1	0	1	0.2	0.2
PG	FOLIC ACID PREPARATIONS	3326	1	0	1	0.0	0.0
PG	GASTRIC ACID SECRETION REDUCERS	34213	5	1	4	0.0	0.0
PG	GLUCOCORTICOIDS	5102	1	1	0	0.0	0.0
PG	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	14556	20	1	19	0.1	0.1
PG	HYPOTENSIVES, ACE INHIBITORS	40603	7	1	6	0.0	0.0
PG	HYPOTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	1102	1	1	0	0.1	0.0
PG	HYPOTENSIVES, SYMPATHOLYTIC	5782	2	1	1	0.0	0.0
PG	IMMUNOSUPPRESSIVES	686	1	0	1	0.1	0.1
PG	INTESTINAL MOTILITY STIMULANTS	4618	4	0	4	0.1	0.1
PG	LEUKOTRIENE RECEPTOR ANTAGONISTS	5331	2	0	2	0.0	0.0
PG	LINCOSAMIDES	492	1	1	0	0.2	0.0
PG	LIPOTROPICS	128598	23	13	10	0.0	0.0
PG	MACROLIDES	10731	3	2	1	0.0	0.0
PG	MULTIVITAMIN PREPARATIONS	16995	1	0	1	0.0	0.0
PG	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	16654	14	6	8	0.1	0.0
PG	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	77451	12	6	6	0.0	0.0
PG	PENICILLINS	52917	15	10	5	0.0	0.0
PG	POTASSIUM SPARING DIURETICS	1318	1	0	1	0.1	0.1
PG	POTASSIUM SPARING DIURETICS IN COMBINATION	966	3	0	3	0.3	0.3
PG	PRENATAL VITAMIN PREPARATIONS	7118	6	0	6	0.1	0.1
PG	PROGESTATIONAL AGENTS	232	1	0	1	0.4	0.4
PG	SEDATIVE-HYPNOTICS, NON-BARBITURATE	36996	12	1	11	0.0	0.0
PG	SKELETAL MUSCLE RELAXANTS	26380	7	0	7	0.0	0.0
PG	SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)	672	1	0	1	0.1	0.1
PG	TETRACYCLINES	2343	2	1	1	0.1	0.0
PG	THIAZIDE AND RELATED DIURETICS	7453	7	1	6	0.1	0.1
PG	THYROID HORMONES	25295	7	0	7	0.0	0.0
PG	TOPICAL ANTIBIOTICS	3091	5	3	2	0.2	0.1
PG	TOPICAL ANTIFUNGALS	5665	2	0	2	0.0	0.0
PG	TOPICAL ANTIPARASITICS	979	1	0	1	0.1	0.1
PG	TOPICAL LOCAL ANESTHETICS	1106	2	0	2	0.2	0.2
PG	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	7188	6	0	6	0.1	0.1
PG	VAGINAL ANTIBIOTICS	228	3	1	2	1.3	0.9
PG	VITAMIN B PREPARATIONS	2413	1	0	1	0.0	0.0
PG	<b>DRUG-GENDER [PREGNANCY] (PG) ALERT TOTAL</b>	<b>1,614,133</b>	<b>308</b>	<b>94</b>	<b>214</b>		

† **NOTE:** The number of DUR alerts is comprised of overrides, cancellations, non-responses, and reversals. Reversals are not reported separately; therefore, the number of cancellations and non-responses will not equal the number of claims.

## ATTACHMENT 2.1.B--Cont.--PRODUR ACTIVITY DETAIL: BY THERAPEUTIC CLASS

EDS ProDUR Report #: DUR-0012-A

### ATTACHMENT 2.1.B.8. THERAPEUTIC DUPLICATION (TD)

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx
TD	ABSORBABLE SULFONAMIDES	23085	176	157	19	0.8	0.1
TD	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER	8089	173	156	17	2.1	0.2
TD	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	14560	1033	887	146	7.1	1
TD	ALPHA-2 RECEPTOR ANTAGONIST	16888	1958	1725	233	11.6	1.4
TD	ALPHA-ADRENERGIC BLOCKING AGENTS	4109	175	158	17	4.3	0.4
TD	AMINOGLYCOSIDES	898	18	14	4	2	0.4
TD	ANALGESIC/ANTIPYRETICS, SALICYLATES	157079	2717	2254	463	1.7	0.3
TD	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	137050	4072	3615	456	3	0.3
TD	ANALGESICS, NARCOTICS	237093	120492	109445	11032	50.8	4.7
TD	ANALGESICS, NARCOTICS	176809	88455	79961	8481	50	4.8
TD	ANTIARRHYTHMICS	3461	109	62	47	3.1	1.4
TD	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS	447	24	20	4	5.4	0.9
TD	ANTIMIGRAINE PREPARATIONS	8472	369	291	78	4.4	0.9
TD	ANTI-MYCObACTERIUM AGENTS	717	277	203	74	38.6	10.3
TD	ANTI-PSYCHOTICS, PHENOTHIAZINES	10384	2971	2540	431	28.6	4.2
TD	ANTITUBERCULAR ANTIBIOTICS	99	3	3	0	3	0
TD	ANTI-ULCER PREPARATIONS	2427	25	20	5	1	0.2
TD	BETA-ADRENERGIC BLOCKING AGENTS	90970	5545	4767	778	6.1	0.9
TD	CALCIUM CHANNEL BLOCKING AGENTS	52062	3639	3118	521	7	1
TD	CARBONIC ANHYDRASE INHIBITORS	965	22	15	7	2.3	0.7
TD	CEPHALOSPORINS - 1ST GENERATION	28047	474	327	147	1.7	0.5
TD	CEPHALOSPORINS - 2ND GENERATION	5924	77	58	19	1.3	0.3
TD	CEPHALOSPORINS - 3RD GENERATION	9421	95	73	22	1	0.2
TD	LINCOSAMIDES	6333	87	74	13	1.4	0.2
TD	LIPOTROPICS	133395	42937	38459	4476	32.2	3.4
TD	LOOP DIURETICS	57043	3896	3298	598	6.8	1
TD	MACROLIDES	38733	433	377	56	1.1	0.1
TD	NOREPINEPHRINE AND DOPAMINE REUPTAKE	32650	3856	3417	437	11.8	1.3
TD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	102175	7146	5950	1191	7	1.2
TD	OXAZOLIDINONES	180	6	5	1	3.3	0.6
TD	PENICILLINS	75388	1787	1529	258	2.4	0.3
TD	POTASSIUM SPARING DIURETICS	13526	451	375	76	3.3	0.6
TD	POTASSIUM SPARING DIURETICS IN COMBINATION	12099	227	160	67	1.9	0.6
TD	QUINOLONES	30760	1165	937	228	3.8	0.7
TD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR	171099	22754	19956	2797	13.3	1.6
TD	SEROTONIN-2 ANTAGONIST/REUPTAKE	42076	3014	2600	414	7.2	1
TD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB	55260	11999	10570	1428	21.7	2.6
TD	TETRACYCLINES	14797	268	219	49	1.8	0.3
TD	THIAZIDE AND RELATED DIURETICS	29881	554	471	83	1.9	0.3
TD	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE	38	3	3	0	7.9	0
TD	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE	165	5	4	1	3	0.6
TD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL.	32399	3251	2775	476	10	1.5
TD	VANCOMYCIN AND DERIVATIVES	838	70	43	27	8.4	3.2
TD	VASODILATORS, CORONARY	22005	4148	3757	389	18.9	1.8
Total		1,859,896	340,956	304,848	36,066		

† NOTE: The number of DUR alerts is comprised of overrides, cancellations, non-responses, and reversals. Reversals are not reported separately; therefore, the number of cancellations and non-responses will not equal the number of claims.

## ATTACHMENT 2.1.C. PRODUR ACTIVITY DETAIL: DUR SCREEN BY INTERVENTION SUMMARY

EDS ProDUR Report #: DUR-0013-A

Time Period: 10/11/2006 to 10/05/2007

DUR Screen or DUR Conflict Code	DUR Screen Description OR DUR Conflict Description	PHARMACIST'S INTERVENTION CODES					
		Prescriber Consulted (M0)		Patient Consulted (P0)		Other Source Consulted (R0)	
		% Overrides	% Cancellations	% Overrides	% Cancellations	% Overrides	% Cancellations
DD	DRUG-DRUG INTERACTION	37.2%	0.0%	0.0%	0.0%	0.9%	0.2%
ER	OVERUSE - EARLY REFILL ALERT	6.4%	0.0%	0.0%	0.0%	1.4%	0.8%
HD	OVERUSE - HIGH DOSE ALERT	31.4%	0.0%	1.4%	0.0%	55.1%	0.1%
LR	LATE REFILL	33.3%	0.0%	2.2%	0.0%	47.6%	0.0%
MC	DRUG-DISEASE CONTRAINDICATION	23.1%	0.0%	1.4%	0.0%	27.4%	0.1%
PA	DRUG-AGE	10.6%	0.0%	0.5%	0.0%	18.3%	0.1%
PG	DRUG-PREGNANCY	18.9%	0.0%	0.9%	0.0%	11.8%	0.0%
TD	THERAPEUTIC DUPLICATION	39.2%	0.0%	2.6%	0.0%	47.6%	0.0%

## ATTACHMENT 2.1.D. PRODUR ACTIVITY DETAIL: DUR SCREEN BY OUTCOME SUMMARY

EDS ProDUR Report #: DUR-0013-B

Time Period:

10/11/2006 to 10/05/2007

DUR Conflict (or DUR Screen)	OUTCOMES (OUTCOME OVERRIDES)						
	1A	1B	1C	1D	1E	1F	1G
	FALSE Positive	Filled As Is	Diff Dose	Diff Direct	Diff Drug	Diff Qty	Prescriber Consulted, Approval
<b>Drug-Drug Interaction (DD)</b>	2	5,577	0	1	3	0	84
<b>Early Refill - Overuse (ER)</b>	120	20,217	184	530	7	25	1,039
<b>High Dose Alert (HD)</b>	1,039	31,057	114	116	5	11	5,510
<b>Late Refill (LR)</b>	318	14,460	116	56	35	5	2,764
<b>Drug-Disease (MC)</b>	1,714	71,047	517	306	281	20	14,886
<b>Drug- Age (PA)</b>	23	724	13	6	2	1	106
<b>Drug-Pregnancy (PG)</b>	0	83	2	0	1	0	10
<b>Therapeutic Duplication (TD)</b>	6,857	249,331	1,749	537	1,205	77	55,211
<b>SUM OF ALL CONFLICTS</b>	<b>10,073</b>	<b>392,496</b>	<b>2,695</b>	<b>1,552</b>	<b>1,539</b>	<b>139</b>	<b>79,610</b>

## ATTACHMENT 2.1.E. PRODUR REPORT OF PHARMACIST INTERVENTION & OUTCOME OVERRIDES

EDS ProDUR Report #: DUR-0014-A									
DUR Conflict (or DUR Screen)	DUR Conflict Code	Intervention Description	OUTCOMES (OUTCOME OVERRIDES)						
	Intervention Codes		1A FALSE Positive	1B Filled As Is	1C Diff Dose	1D Diff Direct	1E Diff Drug	1F Diff Qty	1G Prescriber Consulted, Approval
Drug-Drug Interaction (DD)	<b>DD</b>	<b>DD – SUM</b>	<b>2</b>	<b>5,577</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>84</b>
	M0	Prescriber Consulted	1	5,453	0	0	3	0	75
	P0	Patient Consulted	0	0	0	0	0	0	0
	R0	Other Source Consulted	1	124	0	1	0	0	9
Early Refill - Overuse (ER)	<b>ER</b>	<b>ER – SUM</b>	<b>120</b>	<b>20,217</b>	<b>184</b>	<b>530</b>	<b>7</b>	<b>25</b>	<b>1,039</b>
	M0	Prescriber Consulted	52	16,582	103	331	2	13	939
	P0	Patient Consulted	4	99	2	1	0	0	2
	R0	Other Source Consulted	64	3,536	79	198	5	12	98
High Dose Alert (HD)	<b>HD</b>	<b>HD – SUM</b>	<b>1,039</b>	<b>31,057</b>	<b>114</b>	<b>116</b>	<b>5</b>	<b>11</b>	<b>5,510</b>
	M0	Prescriber Consulted	711	8,181	71	71	1	8	4,490
	P0	Patient Consulted	24	570	1	0	0	0	10
	R0	Other Source Consulted	304	22,306	42	45	4	3	1,010
Late Refill - Underuse (LR)	<b>LR</b>	<b>LR – SUM</b>	<b>318</b>	<b>14,460</b>	<b>116</b>	<b>56</b>	<b>35</b>	<b>5</b>	<b>2,764</b>
	M0	Prescriber Consulted	197	4,382	59	29	14	3	2,432
	P0	Patient Consulted	19	431	0	1	0	0	21
	R0	Other Source Consulted	102	9,647	57	26	21	2	311
Drug-Disease Contraindication (MC)	<b>MC</b>	<b>MC – SUM</b>	<b>1,714</b>	<b>71,047</b>	<b>517</b>	<b>306</b>	<b>281</b>	<b>20</b>	<b>14,886</b>
	M0	Prescriber Consulted	1,104	24,480	245	172	162	15	13,354
	P0	Patient Consulted	106	2,114	7	2	4	0	101
	R0	Other Source Consulted	504	44,453	265	132	115	5	1,431
Drug-Age or Pediatric Alert (PA)	<b>PA</b>	<b>PA – SUM</b>	<b>23</b>	<b>724</b>	<b>13</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>106</b>
	M0	Prescriber Consulted	9	224	8	3	0	0	80
	P0	Patient Consulted	3	13	0	0	0	0	0
	R0	Other Source Consulted	11	487	5	3	2	1	26
Drug-Gender or Pregnancy Alert (PG)	<b>PG</b>	<b>PG – SUM</b>	<b>0</b>	<b>83</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>10</b>
	M0	Prescriber Consulted	0	46	1	0	1	0	10
	P0	Patient Consulted	0	2	0	0	0	0	0
	R0	Other Source Consulted	0	35	1	0	0	0	0
Therapeutic Duplication (TD)	<b>TD</b>	<b>TD – SUM</b>	<b>6,857</b>	<b>249,331</b>	<b>1,749</b>	<b>537</b>	<b>1,205</b>	<b>77</b>	<b>55,211</b>
	M0	Prescriber Consulted	4,889	82,919	770	266	651	58	48,564
	P0	Patient Consulted	448	8,068	37	7	15	1	467
	R0	Other Source Consulted	1,520	158,344	942	264	539	18	6,180
<b>SUM OF ALL CONFLICTS</b>			<b>10,073</b>	<b>352,062</b>	<b>2,695</b>	<b>1,552</b>	<b>1,539</b>	<b>139</b>	<b>79,610</b>

## ATTACHMENT 2.1.F. PRODUR REPORT BY DRUG COMBINATIONS

### ATTACHMENT 2.1.F(1)

### DRUG-DRUG INTERACTION

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category/Drug Combo (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx	Amount Paid (Total)	Rx Count	Count Unique Utilizers	Amt Paid / Rx	Amt Paid / Utilizers
DD	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	7370	87	26	61	1.2	0.8	\$100,948.56	6,074	3,189	\$16.62	\$31.66
DD	1ST GENERATION ANTIHISTAMINE-ANTICHOLINERGIC COMB.	2	2	0	2	100	100	\$435.84	12	6	\$36.32	\$72.64
DD	ABSORBABLE SULFONAMIDES	9773	9	0	9	0.1	0.1	\$135,929.44	19,899	11,966	\$6.83	\$11.36
DD	ACNE AGENTS,SYSTEMIC	41	6	2	4	14.6	9.8	\$45,054.58	93	34	\$484.46	\$1,325.13
DD	ADRENERGIC VASOPRESSOR AGENTS	48	1	0	1	2.1	2.1	\$72,547.12	390	92	\$186.02	\$788.56
DD	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3347	1	0	1	0	0	\$3,318,864.60	35,611	7,922	\$93.20	\$418.94
DD	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	4289	4	2	2	0.1	0	\$274,024.14	14,410	2,868	\$19.02	\$95.55
DD	AMINOGLYCOSIDES	1185	24	6	18	2	1.5	\$799,035.52	2,024	595	\$394.78	\$1,342.92
DD	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	803	3	1	2	0.4	0.2	\$36,306.07	8,219	6,711	\$4.42	\$5.41
DD	ANALGESIC/ANTIPTYRETICS, SALICYLATES	26525	7	1	6	0	0	\$148,320.08	164,003	22,717	\$0.90	\$6.53
DD	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	682	9	2	7	1.3	1	\$97,994.32	2,057	894	\$47.64	\$109.61
DD	ANALGESICS, NARCOTICS	413902	289	84	205	0.1	0	\$13,726,316.36	325,363	56,596	\$42.19	\$242.53
DD	ANAPHYLAXIS THERAPY AGENTS	295	3	0	3	1	1	\$82,938.29	1,182	955	\$70.17	\$86.85
DD	ANTACIDS	5045	2	0	2	0	0	\$112,719.07	28,655	8,209	\$3.93	\$13.73
DD	ANTI-ALCOHOLIC PREPARATIONS	830	38	6	32	4.6	3.9	\$200,463.24	1,284	337	\$156.12	\$594.85
DD	ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC	250	18	6	12	7.2	4.8	\$78,257.32	389	93	\$201.18	\$841.48
DD	ANTI-ANXIETY DRUGS	329987	64	31	33	0	0	\$2,095,630.20	283,228	46,833	\$7.40	\$44.75
DD	ANTIARRHYTHMICS	3461	226	128	96	6.5	2.8	\$75,925.63	2,859	572	\$26.56	\$132.74
DD	ANTICHOLINERGICS, QUATERNARY AMMONIUM	3244	55	31	24	1.7	0.7	\$207,277.17	2,778	414	\$74.61	\$500.67
DD	ANTICHOLINERGICS/ANTISPASMODICS	5203	456	159	297	8.8	5.7	\$27,642.82	4,404	1,767	\$6.28	\$15.64
DD	ANTICOAGULANTS, COUMARIN TYPE	6451	5	5	0	0.1	0	\$232,882.78	22,434	3,187	\$10.38	\$73.07
DD	ANTICONVULSANTS	93477	11	3	8	0	0	\$31,352,056.00	313,630	37,298	\$99.97	\$840.58
DD	ANTIIDIARRHEALS	10633	751	166	584	7.1	5.5	\$60,348.99	9,625	4,790	\$6.27	\$12.60
DD	ANTIEMETIC/ANTIVERTIGO AGENTS	15339	38	6	32	0.2	0.2	\$1,920,496.77	17,943	7,147	\$107.03	\$268.71
DD	ANTIFUNGAL AGENTS	15321	304	76	228	2	1.5	\$584,758.18	12,664	7,240	\$46.17	\$80.77
DD	ANTIHISTAMINES - 1ST GENERATION	4902	2	0	2	0	0	\$625,545.62	58,109	23,193	\$10.77	\$26.97
DD	ANTIHYPERTENSIVE, AMYLIN ANALOG-TYPE	462	135	44	91	29.2	19.7	\$70,791.62	270	80	\$262.19	\$884.90
DD	ANTIMIGRAINE PREPARATIONS	8472	36	2	34	0.4	0.4	\$984,652.11	6,675	2,543	\$147.51	\$387.20
DD	ANTI-MYCOBACTERIUM AGENTS	598	87	40	32	14.5	5.4	\$29,189.32	537	144	\$54.36	\$202.70
DD	ANTI-NARCOLEPSY & ANTI-CATALEPSY, SEDATIVE-TYPE AGT	39	14	4	10	35.9	25.6	\$20,148.54	38	14	\$530.22	\$1,439.18
DD	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	517	15	9	6	2.9	1.2	\$2,239,145.07	660	162	\$3,392.64	\$13,821.88
DD	ANTINEOPLASTICS, MISCELLANEOUS	1419	25	10	15	1.8	1.1	\$640,488.60	2,378	368	\$269.34	\$1,740.46
DD	ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	22058	988	442	544	4.5	2.5	\$153,941.62	18,743	2,657	\$8.21	\$57.94
DD	ANTIPARKINSONISM DRUGS, OTHER	15795	106	58	48	0.7	0.3	\$975,706.46	13,219	2,435	\$73.81	\$400.70
DD	ANTIPSYCHOTIC AGENTS, SYSTEMIC	38	14	1	13	36.8	34.2	\$144,072.16	127	29	\$1,134.43	\$4,968.01
DD	ANTIPSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES	149	82	40	42	55	28.2	\$8,606.99	110	19	\$78.25	\$453.00
DD	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE & SEROTONIN ANTAG	190108	380	151	229	0.2	0.1	\$44,636,302.19	161,782	19,354	\$275.90	\$2,306.31
DD	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	3698	12	7	5	0.3	0.1	\$169,937.33	7,495	1,293	\$22.67	\$131.43
DD	ANTI-PSYCHOTICS, PHENOTHIAZINES	10384	395	105	286	3.8	2.8	\$189,971.80	7,953	1,227	\$23.89	\$154.83
DD	ANTISPASMODIC AGENTS	6	1	0	1	16.7	16.7	\$524.45	23	11	\$22.80	\$47.68
DD	ANTITUBERCULAR ANTIBIOTICS	44	1	0	1	2.3	2.3	\$16,773.04	356	213	\$47.12	\$78.75
DD	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	554	8	5	3	1.4	0.5	\$505,097.86	1,085	198	\$465.53	\$2,551.00
DD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	797	38	13	25	4.8	3.1	\$675,753.13	972	200	\$695.22	\$3,378.77
DD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	2715	72	35	37	2.7	1.4	\$1,428,636.91	2,395	252	\$596.51	\$5,669.19

## ATTACHMENT 2.1.F. PRODUR REPORT BY DRUG COMBINATIONS

### ATTACHMENT 2.1.F(1)--Continued -- DRUG-DRUG INTERACTION EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category/Drug Combo (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx	Amount Paid (Total)	Rx Count	Count Unique Utilizers	Amt Paid / Rx	Amt Paid / Count Unique Utilizers
DD	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI	45	1	0	1	2.2	2.2	\$938,061.46	717	140	\$1,308.31	\$6,700.44
DD	BELLADONNA ALKALOIDS	4617	423	156	265	9.2	5.7	\$104,161.00	3,881	1,221	\$26.84	\$85.31
DD	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	601	3	1	2	0.5	0.3	\$508,087.06	6,396	1,171	\$79.44	\$433.89
DD	BETA-ADRENERGIC AGENTS	96575	58	11	47	0.1	0	\$1,968,807.33	78,304	28,383	\$25.14	\$69.37
DD	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	1929	2	0	2	0.1	0.1	\$3,589,934.81	20,541	6,618	\$174.77	\$542.45
DD	BETA-ADRENERGIC BLOCKING AGENTS	90970	45	24	21	0	0	\$1,381,537.80	79,556	13,903	\$17.37	\$99.37
DD	CALCIUM CHANNEL BLOCKING AGENTS	38178	30	15	15	0.1	0	\$2,153,944.58	45,204	8,010	\$47.65	\$268.91
DD	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	314	17	13	4	5.4	1.3	\$8,400.18	318	116	\$26.42	\$72.42
DD	CONTRACEPTIVES,ORAL	1969	1	0	1	0.1	0.1	\$729,070.38	20,086	6,546	\$36.30	\$111.38
DD	DECONGESTANT-EXPECTORANT COMBINATIONS	4713	6	2	4	0.1	0.1	\$223,195.92	9,312	5,220	\$23.97	\$42.76
DD	GASTRIC ACID SECRETION REDUCERS	139404	26	5	21	0	0	\$10,824,773.24	190,405	33,242	\$56.85	\$325.64
DD	GENERAL BRONCHODILATOR AGENTS	11391	19	13	6	0.2	0.1	\$1,433,134.02	18,350	4,494	\$78.10	\$318.90
DD	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	1705	12	1	11	0.7	0.6	\$266,200.48	3,213	1,081	\$82.85	\$246.25
DD	IMMUNOSUPPRESSIVES	7840	74	43	31	0.9	0.4	\$2,371,789.22	6,407	746	\$370.19	\$3,179.34
DD	INTESTINAL MOTILITY STIMULANTS	5852	11	0	11	0.2	0.2	\$120,155.81	15,855	4,291	\$7.58	\$28.00
DD	KETOLIDES	2	1	1	0	50	0	\$1,134.78	26	23	\$43.65	\$49.34
DD	LIPOTROPICS	116962	43	10	33	0	0	\$1,946,485.70	26,314	4,332	\$73.97	\$449.33
DD	LOOP DIURETICS	18095	5	2	3	0	0	\$269,847.64	49,525	9,531	\$5.45	\$28.31
DD	MACROLIDES	38733	155	5	150	0.4	0.4	\$962,025.09	33,797	24,727	\$28.46	\$38.91
DD	MAOIS - NON-SELECTIVE & IRREVERSIBLE	8	2	1	1	25	12.5	\$3,477.37	56	9	\$62.10	\$386.37
DD	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	1350	2	0	2	0.1	0.1	\$360,074.97	5,755	1,057	\$62.57	\$340.66
DD	MONOAMINE OXIDASE(MAO) INHIBITORS	80	40	17	23	50	28.8	\$22,188.87	60	21	\$369.81	\$1,056.61
DD	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	3086	3	0	3	0.1	0.1	\$101,689.13	15,397	9,325	\$6.60	\$10.91
DD	NARCOTIC ANTAGONISTS	1011	52	11	41	5.1	4.1	\$80,583.97	1,038	173	\$77.63	\$465.80
DD	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	1106	2	0	2	0.2	0.2	\$94,084.53	8,706	5,317	\$10.81	\$17.70
DD	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	609	29	2	26	4.8	4.3	\$6,068.50	591	344	\$10.27	\$17.64
DD	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	1269	7	0	7	0.6	0.6	\$175,818.71	14,219	8,337	\$12.37	\$21.09
DD	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	2819	4	0	4	0.1	0.1	\$259,912.30	10,535	8,369	\$24.67	\$31.06
DD	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	9354	23	2	21	0.2	0.2	\$222,240.20	21,366	10,933	\$10.40	\$20.33
DD	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	26868	22	10	12	0.1	0	\$2,615,871.35	27,589	6,194	\$94.82	\$422.32
DD	NOSE PREPARATIONS, MISCELLANEOUS (RX)	101	17	5	12	16.8	11.9	\$8,932.39	376	148	\$23.76	\$60.35
DD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	102175	333	17	315	0.3	0.3	\$1,359,095.54	86,175	34,308	\$15.77	\$39.61
DD	OXAZOLIDINONES	860	680	229	451	79.1	52.4	\$449,376.62	401	242	\$1,120.64	\$1,856.93
DD	PITUITARY SUPPRESSIVE AGENTS	39	7	0	7	17.9	17.9	\$24,192.89	130	32	\$186.10	\$756.03
DD	POTASSIUM REPLACEMENT	42148	4651	1933	2717	11	6.4	\$474,757.28	35,410	7,282	\$13.41	\$65.20
DD	POTASSIUM SPARING DIURETICS	5634	10	3	7	0.2	0.1	\$215,605.03	12,035	2,376	\$17.91	\$90.74
DD	POTASSIUM SPARING DIURETICS IN COMBINATION	1073	2	0	2	0.2	0.2	\$46,957.16	10,883	2,220	\$4.31	\$21.15
DD	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	36	4	0	4	11.1	11.1	\$167,060.70	249	47	\$670.93	\$3,554.48
DD	QUINOLONES	30760	527	48	479	1.7	1.6	\$1,564,851.95	26,595	14,830	\$58.84	\$105.52
DD	SEDATIVE-HYPNOTICS, NON-BARBITURATE	12311	4	0	4	0	0	\$3,521,185.45	63,354	14,952	\$55.58	\$235.50
DD	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	286	8	5	2	2.8	0.7	\$15,254.31	1,021	206	\$14.94	\$74.05
DD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	171099	249	103	146	0.1	0.1	\$6,796,862.95	145,717	28,750	\$46.64	\$236.41
DD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	7393	6	3	3	0.1	0	\$245,383.84	35,768	8,060	\$6.86	\$30.44

## ATTACHMENT 2.1.F. PRODUR REPORT BY DRUG COMBINATIONS

### ATTACHMENT 2.1.F(1)--Continued -- DRUG-DRUG INTERACTION EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category/Drug Combo (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx	Amount Paid (Total)	Rx Count	Count Unique Utilizers	Amt Paid / Rx	Amt Paid / Count Unique Utilizers
DD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	51376	44	10	34	0.1	0.1	\$5,981,061.23	45,948	9,004	\$130.17	\$664.27
DD	SKELETAL MUSCLE RELAXANTS	74526	76	9	67	0.1	0.1	\$1,231,774.00	65,895	16,600	\$18.69	\$74.20
DD	TETRACYCLINES	8917	116	34	82	1.3	0.9	\$198,481.06	13,806	7,658	\$14.38	\$25.92
DD	THIAZIDE AND RELATED DIURETICS	2572	2	0	2	0.1	0.1	\$151,894.08	26,332	5,809	\$5.77	\$26.15
DD	TOPICAL ANTIBIOTICS	5937	5	0	5	0.1	0.1	\$444,928.24	40,706	20,706	\$10.93	\$21.49
DD	TOPICAL IMMUNOSUPPRESSIVE AGENTS	224	2	0	2	0.9	0.9	\$171,264.41	1,410	772	\$121.46	\$221.85
DD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	32399	68	42	24	0.2	0.1	\$223,596.50	27,125	6,119	\$8.24	\$36.54
DD	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	1393	1	1	0	0.1	0	\$1,880,528.09	13,814	2,760	\$136.13	\$681.35
DD	URINARY PH MODIFIERS	81	1	0	1	1.2	1.2	\$28,635.84	913	165	\$31.36	\$173.55
DD	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	1767	159	76	83	9	4.7	\$156,765.35	1,454	280	\$107.82	\$559.88
DD	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	20347	2110	1004	1106	10.4	5.4	\$989,252.94	17,208	3,002	\$57.49	\$329.53
DD	VAGINAL ANTIBIOTICS	152	1	0	1	0.7	0.7	\$62,695.04	1,064	945	\$58.92	\$66.34
DD	VASODILATORS, COMBINATION	18	1	0	1	5.6	5.6	\$31,369.04	207	49	\$151.54	\$640.18
DD	VASODILATORS,CORONARY	5657	5	0	5	0.1	0.1	\$185,869.88	18,446	4,399	\$10.08	\$42.25
DD	VIRAL/TUMORIGENIC VACCINES	30	2	0	2	6.7	6.7	\$8,367.15	98	67	\$85.38	\$124.88
DD	VITAMIN A DERIVATIVES	857	230	58	172	26.8	20.1	\$65,504.71	1,101	708	\$59.50	\$92.52
<b>Total</b>		<b>2427881</b>	<b>15263</b>	<b>5632</b>	<b>9599</b>			<b>\$169,746,717.98</b>	<b>2,969,317</b>	<b>683,194</b>	<b>\$57.17</b>	<b>\$248.46</b>

† **NOTE:** Number of Alerts is made up of overrides, cancellations, non-responses, & reversals. Reversals are not reported separately; therefore, # cancellations and non-responses will not equal total number of alerts.

## ATTACHMENT 2.1.F. PRODUR REPORT BY DRUG COMBINATIONS

ATTACHMENT 2.1.F(2)		DRUG-DISEASE ALERT				EDS ProDUR Report #: DUR-0015-A					
DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	Amount Would Have Paid for Denied Rx
MC	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	5559	51	9	42	0.9	0.8	\$123,551.14	4,380	\$28.21	\$1,184.74
MC	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	7370	70	5	65	0.9	0.9	\$100,948.56	6,074	\$16.62	\$1,080.29
MC	2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	6527	97	9	88	1.5	1.3	\$202,138.41	5,028	\$40.20	\$3,537.82
MC	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	8089	61	30	31	0.8	0.4	\$584,945.93	7,320	\$79.91	\$2,477.23
MC	ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	1726	28	0	28	1.6	1.6	\$102,197.79	10,704	\$9.55	\$267.33
MC	ACNE AGENTS,SYSTEMIC	27	4	1	3	14.8	11.1	\$45,054.58	93	\$484.46	\$1,453.37
MC	ADRENERGIC VASOPRESSOR AGENTS	251	11	1	10	4.4	4	\$72,547.12	390	\$186.02	\$1,860.18
MC	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	40671	993	274	717	2.4	1.8	\$3,318,864.60	35,611	\$93.20	\$66,822.78
MC	ADRENOCORTICOTROPHIC HORMONES	3	1	0	1	33.3	33.3	\$43,408.94	21	\$2,067.09	\$2,067.09
MC	AGENTS TO TREAT MULTIPLE SCLEROSIS	3513	116	23	91	3.3	2.6	\$4,196,018.04	2,721	\$1,542.09	\$140,329.89
MC	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	14560	120	61	53	0.8	0.4	\$1,158,577.86	12,532	\$92.45	\$4,899.83
MC	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	16888	1090	629	460	6.5	2.7	\$274,024.14	14,410	\$19.02	\$8,747.47
MC	AMINOGLYCOSIDES	1351	30	12	15	2.2	1.1	\$799,035.52	2,024	\$394.78	\$5,921.71
MC	ANALGESIC, NON-SAL- 1ST GENERATION ANTIHISTAMINE	321	11	0	11	3.4	3.4	\$3,644.29	535	\$6.81	\$74.93
MC	ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.	143	9	0	9	6.3	6.3	\$9,258.67	360	\$25.72	\$231.47
MC	ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB	796	56	28	28	7	3.5	\$27,911.63	1,171	\$23.84	\$667.40
MC	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB	3686	129	1	128	3.5	3.5	\$57,803.10	6,177	\$9.36	\$1,197.80
MC	ANALGESIC/ANTIPYRETICS, SALICYLATES	145112	70	36	33	0	0	\$148,320.08	164,003	\$0.90	\$29.84
MC	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	93704	226	65	159	0.2	0.2	\$344,427.30	132,896	\$2.59	\$412.08
MC	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	2515	143	49	94	5.7	3.7	\$97,994.32	2,057	\$47.64	\$4,478.11
MC	ANALGESICS, NARCOTICS	413902	64060	51979	11985	15.5	2.9	\$13,726,316.36	325,363	\$42.19	\$505,619.57
MC	ANAPHYLAXIS THERAPY AGENTS	853	7	1	6	0.8	0.7	\$82,938.29	1,182	\$70.17	\$421.01
MC	ANDROGENIC AGENTS	1578	97	76	21	6.1	1.3	\$275,461.91	1,197	\$230.13	\$4,832.67
MC	ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	1392	12	0	12	0.9	0.9	\$632,925.67	9,242	\$68.48	\$821.80
MC	ANTACIDS	29698	259	164	94	0.9	0.3	\$112,719.07	28,655	\$3.93	\$369.76
MC	ANTI-ALCOHOLIC PREPARATIONS	919	13	1	12	1.4	1.3	\$200,463.24	1,284	\$156.12	\$1,873.49
MC	ANTI-ANXIETY DRUGS	329987	12118	2027	10041	3.7	3	\$2,095,630.20	283,228	\$7.40	\$74,294.29
MC	ANTIARRHYTHMICS	3461	173	30	142	5	4.1	\$75,925.63	2,859	\$26.56	\$3,771.05
MC	ANTICHOLINERGICS, QUATERNARY AMMONIUM	3244	76	24	52	2.3	1.6	\$207,277.17	2,778	\$74.61	\$3,879.92
MC	ANTICHOLINERGICS/ANTISPASMODICS	5203	332	12	320	6.4	6.2	\$27,642.82	4,404	\$6.28	\$2,008.56
MC	ANTICOAGULANTS, COUMARIN TYPE	26266	1340	480	857	5.1	3.3	\$232,882.78	22,434	\$10.38	\$8,896.34
MC	ANTICONVULSANTS	371867	6905	540	6323	1.9	1.7	\$31,352,056.00	313,630	\$99.97	\$632,079.36
MC	ANTIARRHEALS	10633	590	27	562	5.5	5.3	\$60,348.99	9,625	\$6.27	\$3,523.75
MC	ANTIDIURETIC AND VASOPRESSOR HORMONES	6920	181	6	175	2.6	2.5	\$979,959.78	5,911	\$165.79	\$29,012.51
MC	ANTIEMETIC/ANTIVERTIGO AGENTS	22573	243	44	198	1.1	0.9	\$1,920,496.77	17,943	\$107.03	\$21,192.57
MC	ANTIFUNGAL AGENTS	7864	6	2	4	0.1	0.1	\$584,758.18	12,664	\$46.17	\$184.70
MC	ANTIHISTAMINES - 1ST GENERATION	65881	833	77	755	1.3	1.1	\$625,545.62	58,109	\$10.77	\$8,127.60
MC	ANTIHYPERTENSIVE, INSULIN-RELEASE STIMULANT TYPE	2571	1	0	1	0	0	\$471,887.06	27,211	\$17.34	\$17.34
MC	ANTIHYPERTENSIVE, INSULIN-RESPONSE ENHANCER (N-S)	5186	7	2	5	0.1	0.1	\$3,232,747.95	21,736	\$148.73	\$743.64

## ATTACHMENT 2.1.F. PRODUR REPORT BY DRUG COMBINATIONS

### ATTACHMENT 2.1.F(2) --Continued -- DRUG-DISEASE ALERT

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	Amount Would Have Paid for Denied Rx
MC	ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)	3538	2	0	2	0.1	0.1	\$339,569.60	38,576	\$8.80	\$17.61
MC	ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB	209	1	0	1	0.5	0.5	\$113,247.97	2,820	\$40.16	\$40.16
MC	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	5365	1	1	0	0	0	\$6,705,840.81	83,305	\$80.50	\$0.00
MC	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1860	54	6	45	2.9	2.4	\$2,298,163.61	1,384	\$1,660.52	\$74,723.53
MC	ANTIMALARIAL DRUGS	1866	5	4	1	0.3	0.1	\$136,919.18	5,258	\$26.04	\$26.04
MC	ANTI-MANIA DRUGS	11796	30	0	30	0.3	0.3	\$193,649.54	11,714	\$16.53	\$495.94
MC	ANTIMIGRAINE PREPARATIONS	8472	319	218	101	3.8	1.2	\$984,652.11	6,675	\$147.51	\$14,898.86
MC	ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT	27	9	0	9	33.3	33.3	\$20,148.54	38	\$530.22	\$4,772.02
MC	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	79	4	0	4	5.1	5.1	\$2,239,145.07	660	\$3,392.64	\$13,570.58
MC	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	22058	1120	51	1066	5.1	4.8	\$153,941.62	18,743	\$8.21	\$8,755.36
MC	ANTIPARKINSONISM DRUGS,OTHER	15795	186	14	170	1.2	1.1	\$975,706.46	13,219	\$73.81	\$12,547.86
MC	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	37310	1009	54	953	2.7	2.6	\$11,760,919.37	31,862	\$369.12	\$351,771.90
MC	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	626	54	0	54	8.6	8.6	\$45,639.18	513	\$88.97	\$4,804.12
MC	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	190108	6417	781	5611	3.4	3	\$44,636,302.19	161,782	\$275.90	\$1,548,097.39
MC	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	1483	68	9	59	4.6	4	\$17,921.91	1,224	\$14.64	\$863.88
MC	ANTAGONISTS,BUTYROPHENONES	9012	532	46	475	5.9	5.3	\$169,937.33	7,495	\$22.67	\$10,769.88
MC	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES	45	5	0	5	11.1	11.1	\$23,678.92	150	\$157.86	\$789.30
MC	ANTI-PSYCHOTICS,PHENOTHIAZINES	10384	2178	1431	741	21	7.1	\$189,971.80	7,953	\$23.89	\$17,700.13
MC	ANTISPASMODIC AGENTS	6	1	0	1	16.7	16.7	\$524.45	23	\$22.80	\$22.80
MC	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	1020	18	2	16	1.8	1.6	\$505,097.86	1,085	\$465.53	\$7,448.45
MC	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	2149	15	6	9	0.7	0.4	\$393,473.13	2,036	\$193.26	\$1,739.32
MC	BARBITURATES	24614	202	14	188	0.8	0.8	\$141,679.84	22,322	\$6.35	\$1,193.25
MC	BELLADONNA ALKALOIDS	4617	218	0	215	4.7	4.7	\$104,161.00	3,881	\$26.84	\$5,770.32
MC	BETA-ADRENERGIC AGENTS	114665	4007	812	3174	3.5	2.8	\$1,968,807.33	78,304	\$25.14	\$79,804.28
MC	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	1929	35	3	32	1.8	1.7	\$3,589,934.81	20,541	\$174.77	\$5,592.62
MC	BETA-ADRENERGIC BLOCKING AGENTS	90970	5666	2475	3181	6.2	3.5	\$1,381,537.80	79,556	\$17.37	\$55,239.98
MC	BICARBONATE PRODUCING/CONTAINING AGENTS	87	9	1	8	10.3	9.2	\$16,677.95	2,118	\$7.87	\$63.00
MC	CALCIUM CHANNEL BLOCKING AGENTS	48238	32	16	16	0.1	0	\$2,153,944.58	45,204	\$47.65	\$762.39
MC	CALCIUM REPLACEMENT	11733	1	0	1	0	0	\$339,049.30	140,765	\$2.41	\$2.41
MC	CARBAPENEMS (THIENAMYCINS)	38	1	0	1	2.6	2.6	\$408,144.46	901	\$452.99	\$452.99
MC	CARBONIC ANHYDRASE INHIBITORS	930	35	14	21	3.8	2.3	\$28,417.65	1,073	\$26.48	\$556.17
MC	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	225	9	1	7	4	3.1	\$8,400.18	318	\$26.42	\$184.91
MC	CHOLINESTERASE INHIBITORS	4935	95	3	92	1.9	1.9	\$651,820.22	4,427	\$147.24	\$13,545.85
MC	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	666	15	7	8	2.3	1.2	\$31,648.51	665	\$47.59	\$380.73
MC	CONTRACEPTIVES,INJECTABLE	3989	107	7	99	2.7	2.5	\$160,809.93	3,366	\$47.77	\$4,729.70
MC	CONTRACEPTIVES,ORAL	22887	741	83	653	3.2	2.9	\$729,070.38	20,086	\$36.30	\$23,702.23
MC	CONTRACEPTIVES,TRANSDERMAL	2316	67	4	63	2.9	2.7	\$99,838.41	1,920	\$52.00	\$3,275.95
MC	DECONGESTANT-ANTICHOLINERGIC COMBINATIONS	3	2	0	2	66.7	66.7	\$288.08	7	\$41.15	\$82.31
MC	DECONGESTANT-EXPECTORANT COMBINATIONS	11467	139	8	130	1.2	1.1	\$223,195.92	9,312	\$23.97	\$3,115.92
MC	ESTROGENIC AGENTS	19966	460	37	420	2.3	2.1	\$637,417.98	17,606	\$36.20	\$15,205.93

## ATTACHMENT 2.1.F. PRODUR REPORT BY DRUG COMBINATIONS

### ATTACHMENT 2.1.F(2) --Continued – DRUG-DISEASE ALERT

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	Amount Would Have Paid for Denied Rx
MC	EYE VASOCONSTRICTORS (OTC ONLY)	228	23	21	2	10.1	0.9	\$1,183.92	194	\$6.10	\$12.21
MC	EYE VASOCONSTRICTORS (RX ONLY)	3	1	0	1	33.3	33.3	\$194.87	22	\$8.86	\$8.86
MC	GENERAL BRONCHODILATOR AGENTS	1907	1	0	1	0.1	0.1	\$1,433,134.02	18,350	\$78.10	\$78.10
MC	GLUCOCORTICOIDS	63288	1437	256	1174	2.3	1.9	\$2,826,678.86	54,070	\$52.28	\$61,374.53
MC	HEMATINICS, OTHER	2741	160	35	124	5.8	4.5	\$2,549,194.17	2,092	\$1,218.54	\$151,099.46
MC	HEMORRHOIDAL PREPARATIONS	448	10	1	9	2.2	2	\$5,225.64	766	\$6.82	\$61.40
MC	HEPATITIS C TREATMENT AGENTS	2406	114	24	90	4.7	3.7	\$1,894,068.90	1,563	\$1,211.82	\$109,063.47
MC	HYPERURICEMIA TX - PURINE INHIBITORS	5702	64	3	60	1.1	1.1	\$23,303.94	5,089	\$4.58	\$274.76
MC	IMMUNOMODULATORS	206	6	5	1	2.9	0.5	\$223,112.44	545	\$409.38	\$409.38
MC	IMMUNOSUPPRESSIVES	7840	237	37	198	3	2.5	\$2,371,789.22	6,407	\$370.19	\$73,297.06
MC	INSULINS	54785	25	3	21	0	0	\$5,964,568.02	52,345	\$113.95	\$2,392.89
MC	INTESTINAL MOTILITY STIMULANTS	18186	804	85	715	4.4	3.9	\$120,155.81	15,855	\$7.58	\$5,418.57
MC	IODINE CONTAINING AGENTS	23	1	0	1	4.3	4.3	\$2,083.24	161	\$12.94	\$12.94
MC	IRON REPLACEMENT	23627	6	1	5	0	0	\$663,429.12	72,664	\$9.13	\$45.65
MC	IRRITABLE BOWEL SYND. AGENT, 5HT-4 PARTIAL AGONIST	3237	45	2	43	1.4	1.3	\$480,130.08	3,009	\$159.56	\$6,861.28
MC	LAXATIVES AND CATHARTICS	23717	1	0	1	0	0	\$1,309,311.60	271,133	\$4.83	\$4.83
MC	LINCOSAMIDES	3747	16	4	12	0.4	0.3	\$157,925.11	5,440	\$29.03	\$348.36
MC	LIPOTROPICS	133395	101	74	27	0.1	0	\$1,946,485.70	26,314	\$73.97	\$1,997.23
MC	LOCAL ANESTHETICS	813	9	3	6	1.1	0.7	\$15,174.07	2,050	\$7.40	\$44.41
MC	MAGNESIUM SALTS REPLACEMENT	4902	34	16	18	0.7	0.4	\$44,872.50	5,204	\$8.62	\$155.21
MC	MAOIS - NON-SELECTIVE & IRREVERSIBLE	14	2	0	2	14.3	14.3	\$3,477.37	56	\$62.10	\$124.19
MC	MINERALOCORTICOIDS	1166	93	30	63	8	5.4	\$27,385.15	1,000	\$27.39	\$1,725.26
MC	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	7388	94	57	37	1.3	0.5	\$360,074.97	5,755	\$62.57	\$2,314.99
MC	NARC. & NON-SAL. ANALGESIC, BARBITURATE & XANTHINE CMB	65	3	0	2	4.6	3.1	\$7,024.70	158	\$44.46	\$88.92
MC	NARCOTIC & SALICYLATE ANALGESICS, BARB. & XANTHINE	295	32	7	25	10.8	8.5	\$32,682.31	486	\$67.25	\$1,681.19
MC	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	7932	80	5	73	1	0.9	\$101,689.13	15,397	\$6.60	\$482.13
MC	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT	10	1	0	1	10	10	\$957.18	46	\$20.81	\$20.81
MC	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	10348	114	19	95	1.1	0.9	\$94,084.53	8,706	\$10.81	\$1,026.65
MC	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	1325	18	3	15	1.4	1.1	\$14,492.68	1,278	\$11.34	\$170.10
MC	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	12089	418	138	271	3.5	2.2	\$371,299.00	9,626	\$38.57	\$10,453.15
MC	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	751	60	11	49	8	6.5	\$6,068.50	591	\$10.27	\$503.14
MC	NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	4	1	1	0	25	0	\$1,225.73	41	\$29.90	\$0.00
MC	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	17071	133	39	91	0.8	0.5	\$175,818.71	14,219	\$12.37	\$1,125.22
MC	NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT	96	1	0	1	1	1	\$3,663.24	525	\$6.98	\$6.98
MC	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	12987	73	40	32	0.6	0.2	\$259,912.30	10,535	\$24.67	\$789.48
MC	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	707	12	3	9	1.7	1.3	\$13,400.35	978	\$13.70	\$123.32
MC	CMB	265	7	1	6	2.6	2.3	\$7,429.33	344	\$21.60	\$129.58
MC	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	32650	3828	2287	1539	11.7	4.7	\$2,615,871.35	27,589	\$94.82	\$145,921.42
MC	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	102175	5766	3267	2482	5.6	2.4	\$1,359,095.54	86,175	\$15.77	\$39,144.47
MC	PARASYMPATHETIC AGENTS	1019	30	4	25	2.9	2.5	\$94,583.76	910	\$103.94	\$2,598.45
MC	PHOSPHATE REPLACEMENT	322	11	2	9	3.4	2.8	\$20,247.51	660	\$30.68	\$276.10
MC	PITUITARY SUPPRESSIVE AGENTS	14	1	0	1	7.1	7.1	\$24,192.89	130	\$186.10	\$186.10
MC	PLATELET AGGREGATION INHIBITORS	22420	21	2	19	0.1	0.1	\$2,983,564.41	25,778	\$115.74	\$2,199.07

**ATTACHMENT 2.1.F. PRODUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING**  
**Attachment 2.1.F(2) --Continued – DRUG-DISEASE ALERT** **EDS ProDUR Report #: DUR-0015-A**

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	Amount Would Have Paid for Denied Rx
MC	POTASSIUM REPLACEMENT	42148	1998	168	1819	4.7	4.3	\$474,757.28	35,410	\$13.41	\$24,388.12
MC	POTASSIUM SPARING DIURETICS	13526	482	150	331	3.6	2.4	\$215,605.03	12,035	\$17.91	\$5,929.81
MC	POTASSIUM SPARING DIURETICS IN COMBINATION	12099	255	66	189	2.1	1.6	\$46,957.16	10,883	\$4.31	\$815.48
MC	PRENATAL VITAMIN PREPARATIONS	2671	2	0	2	0.1	0.1	\$182,784.27	12,709	\$14.38	\$28.76
MC	PROGESTATIONAL AGENTS	2951	114	28	86	3.9	2.9	\$60,363.76	2,489	\$24.25	\$2,085.69
MC	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	211	23	9	14	10.9	6.6	\$167,060.70	249	\$670.93	\$9,392.97
MC	QUINOLONES	30760	1333	592	740	4.3	2.4	\$1,564,851.95	26,595	\$58.84	\$43,541.66
MC	RECTAL PREPARATIONS	1358	44	2	40	3.2	2.9	\$31,589.86	1,171	\$26.98	\$1,079.07
MC	RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)	5	1	0	1	20	20	\$4,607.56	27	\$170.65	\$170.65
MC	SEDATIVE-HYPNOTICS, NON-BARBITURATE	74994	2502	318	2178	3.3	2.9	\$3,521,185.45	63,354	\$55.58	\$121,052.21
MC	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	171099	8457	5078	3358	4.9	2	\$6,796,862.95	145,717	\$46.64	\$156,631.46
MC	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	38875	21	19	2	0.1	0	\$245,383.84	35,768	\$6.86	\$13.72
MC	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	55260	10795	7412	3364	19.5	6.1	\$5,981,061.23	45,948	\$130.17	\$437,892.62
MC	SKELETAL MUSCLE RELAXANTS	74526	1128	147	976	1.5	1.3	\$1,231,774.00	65,895	\$18.69	\$18,244.35
MC	SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)	1336	10	0	10	0.7	0.7	\$511,208.45	5,645	\$90.56	\$905.60
MC	SMOKING DETERRENTS, OTHER	88	6	1	5	6.8	5.7	\$9,367.54	125	\$74.94	\$374.70
MC	SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG COMB	608	18	2	16	3	2.6	\$228,798.82	681	\$335.97	\$5,375.60
MC	STEROID ANTINEOPLASTICS	226	3	1	2	1.3	0.9	\$13,512.85	760	\$17.78	\$35.56
MC	SYMPATHOMIMETIC AGENTS	6048	57	17	39	0.9	0.6	\$11,312.21	5,907	\$1.92	\$74.69
MC	THYROID HORMONES	60505	2108	117	1980	3.5	3.3	\$509,783.97	52,447	\$9.72	\$19,245.57
MC	TOPICAL ANTIPARASITICS	2866	5	2	3	0.2	0.1	\$219,036.11	5,768	\$37.97	\$113.92
MC	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	84	9	0	9	10.7	10.7	\$7,141.79	167	\$42.77	\$384.89
MC	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	480	35	19	16	7.3	3.3	\$3,918.61	398	\$9.85	\$157.53
MC	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	32399	2259	1186	1069	7	3.3	\$223,596.50	27,125	\$8.24	\$8,811.97
MC	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	56464	926	177	738	1.6	1.3	\$5,385,911.54	48,712	\$110.57	\$81,598.02
MC	URINARY PH MODIFIERS	1005	27	15	11	2.7	1.1	\$28,635.84	913	\$31.36	\$345.01
MC	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	208	1	0	1	0.5	0.5	\$25,448.46	2,289	\$11.12	\$11.12
MC	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	20347	1098	44	1052	5.4	5.2	\$989,252.94	17,208	\$57.49	\$60,477.34
MC	VASODILATORS, CORONARY	1897	1	1	0	0.1	0	\$185,869.88	18,446	\$10.08	\$0.00
MC	XANTHINES	5415	170	10	159	3.1	2.9	\$89,792.83	4,529	\$19.83	\$3,152.36
<b>Total</b>		<b>3643066</b>	<b>162220</b>	<b>84900</b>	<b>76861</b>			<b>\$212,765,645.74</b>	<b>3,810,475</b>	<b>\$55.84</b>	<b>\$5,463,309.15</b>

† **NOTE:** Number of Alerts is made up of overrides, cancellations, non-responses, & reversals. Reversals are not reported separately; therefore, # cancellations and non-responses will not equal total number of alerts.

**ATTACHMENT 2.1.F. PRODUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING**  
**Attachment 2.1.F(3) THERAPEUTIC DUPLICATION EDS ProDUR Report #: DUR-0015-A**

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	# Overrides	# Cancellations & Non-responses	% Alerts / Rx	% Cancels / Rx	Amount Paid (Total)	Rx Count	Count Unique Utilizers	Average Amount Paid/Rx
TD	ABSORBABLE SULFONAMIDES	23085	176	157	19	0.8	0.1	\$135,929.44	19,899	11,966	\$6.83
TD	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	8089	173	156	17	2.1	0.2	\$584,945.93	7,320	1,227	\$79.91
TD	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	14560	1033	887	146	7.1	1	\$1,158,577.86	12,532	2,187	\$92.45
TD	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	16888	1958	1725	233	11.6	1.4	\$274,024.14	14,410	2,868	\$19.02
TD	ALPHA-ADRENERGIC BLOCKING AGENTS	4109	175	158	17	4.3	0.4	\$23,868.44	3,535	653	\$6.75
TD	AMINOGLYCOSIDES	898	18	14	4	2	0.4	\$799,035.52	2,024	595	\$394.78
TD	ANALGESIC/ANTIPYRETICS, SALICYLATES	157079	2717	2254	463	1.7	0.3	\$148,320.08	164,003	22,717	\$0.90
TD	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	137050	4072	3615	456	3	0.3	\$344,427.30	132,896	34,930	\$2.59
TD	ANALGESICS, NARCOTICS	237093	120492	109445	11032	50.8	4.7	\$13,726,316.36	325,363	56,596	\$42.19
TD	ANALGESICS, NARCOTICS	176809	88455	79961	8481	50	4.8	\$13,726,316.36	325,363	56,596	\$42.19
TD	ANTIARRHYTHMICS	3461	109	62	47	3.1	1.4	\$75,925.63	2,859	572	\$26.56
TD	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	447	24	20	4	5.4	0.9	\$24,127.43	508	99	\$47.49
TD	ANTIMIGRAINE PREPARATIONS	8472	369	291	78	4.4	0.9	\$984,652.11	6,675	2,543	\$147.51
TD	ANTI-MYCOBACTERIUM AGENTS	717	277	203	74	38.6	10.3	\$29,189.32	537	144	\$54.36
TD	ANTI-PSYCHOTICS, PHENOTHIAZINES	10384	2971	2540	431	28.6	4.2	\$189,971.80	7,953	1,227	\$23.89
TD	ANTITUBERCULAR ANTIBIOTICS	99	3	3	0	3	0	\$16,773.04	356	213	\$47.12
TD	ANTI-ULCER PREPARATIONS	2427	25	20	5	1	0.2	\$70,060.82	2,414	734	\$29.02
TD	BETA-ADRENERGIC BLOCKING AGENTS	90970	5545	4767	778	6.1	0.9	\$1,381,537.80	79,556	13,903	\$17.37
TD	CALCIUM CHANNEL BLOCKING AGENTS	52062	3639	3118	521	7	1	\$2,153,944.58	45,204	8,010	\$47.65
TD	CARBONIC ANHYDRASE INHIBITORS	965	22	15	7	2.3	0.7	\$28,417.65	1,073	243	\$26.48
TD	CEPHALOSPORINS - 1ST GENERATION	28047	474	327	147	1.7	0.5	\$189,043.47	25,227	18,453	\$7.49
TD	CEPHALOSPORINS - 2ND GENERATION	5924	77	58	19	1.3	0.3	\$136,575.05	4,963	3,959	\$27.52
TD	CEPHALOSPORINS - 3RD GENERATION	9421	95	73	22	1	0.2	\$699,680.36	8,413	6,209	\$83.17
TD	LINCOSAMIDES	6333	87	74	13	1.4	0.2	\$157,925.11	5,440	4,145	\$29.03
TD	LIPOTROPICS	133395	42937	38459	4476	32.2	3.4	\$1,946,485.70	26,314	4,332	\$73.97
TD	LOOP DIURETICS	57043	3896	3298	598	6.8	1	\$269,847.64	49,525	9,531	\$5.45
TD	MACROLIDES	38733	433	377	56	1.1	0.1	\$962,025.09	33,797	24,727	\$28.46
TD	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	32650	3856	3417	437	11.8	1.3	\$2,615,871.35	27,589	6,194	\$94.82
TD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	102175	7146	5950	1191	7	1.2	\$1,359,095.54	86,175	34,308	\$15.77
TD	OXAZOLIDINONES	180	6	5	1	3.3	0.6	\$449,376.62	401	242	\$1,120.64
TD	PENICILLINS	75388	1787	1529	258	2.4	0.3	\$1,327,615.17	65,142	45,985	\$20.38
TD	POTASSIUM SPARING DIURETICS	13526	451	375	76	3.3	0.6	\$215,605.03	12,035	2,376	\$17.91
TD	POTASSIUM SPARING DIURETICS IN COMBINATION	12099	227	160	67	1.9	0.6	\$46,957.16	10,883	2,220	\$4.31
TD	QUINOLONES	30760	1165	937	228	3.8	0.7	\$1,564,851.95	26,595	14,830	\$58.84
TD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	171099	22754	19956	2797	13.3	1.6	\$6,796,862.95	145,717	28,750	\$46.64
TD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	42076	3014	2600	414	7.2	1	\$245,383.84	35,768	8,060	\$6.86
TD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	55260	11999	10570	1428	21.7	2.6	\$5,981,061.23	45,948	9,004	\$130.17
TD	TETRACYCLINES	14797	268	219	49	1.8	0.3	\$198,481.06	13,806	7,658	\$14.38
TD	THIAZIDE AND RELATED DIURETICS	29881	554	471	83	1.9	0.3	\$151,894.08	26,332	5,809	\$5.77
TD	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE	38	3	3	0	7.9	0	\$7,141.79	167	36	\$42.77
TD	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	165	5	4	1	3	0.6	\$3,918.61	398	78	\$9.85
TD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	32399	3251	2775	476	10	1.5	\$223,596.50	27,125	6,119	\$8.24
TD	VANCOMYCIN AND DERIVATIVES	838	70	43	27	8.4	3.2	\$247,192.68	2,210	467	\$111.85
TD	VASODILATORS, CORONARY	22005	4148	3757	389	18.9	1.8	\$185,869.88	18,446	4,399	\$10.08
Total		1,859,896	340,956	304,848	36,066			\$61,858,719.47	1,852,896	465,914	\$33.38

† **NOTE:** Number of Alerts is made up of overrides, cancellations, non-responses, & reversals. Reversals are not reported separately; therefore, # cancellations and non-responses will not equal total number of alerts.

## ATTACHMENT 2.2 PA ACTIVITY SUMMARY

Reporting Dates: 10/01/2006 to 9/30/2007

<b>Prior Authorization Summary</b> (Represents telephone calls, faxes and mailed requests)	
<b>PA Request Type</b>	<b>Total PA Request Count</b>
Regular PA Program*	22,540
Miscellaneous Prior Authorization Programs**	1,116
PDL PA Program	16,296
<b>SUM:</b>	<b>39,952</b>

\*Includes 34-day supply, drug-drug, early refill, high dose, and therapeutic duplication related contacts

\*\* Please refer to page 30 for explanation of this category.

ATTACHMENT 2.2 --continued—PA ACTIVITY SUMMARY

ATTACHMENT 2.2.A. Detailed PA Activity by PA Type: Regular & Misc. PA

<b>Regular PA TOTALS</b>				
<b>Oct 06 to Sept 07 - PA Totals</b>	<b>Approved</b>	<b>Denied</b>	<b>Suspended</b>	
34-Day Supply	7	3	1	
Drug-Drug Severity Level One	1,402	0	24	
Early Refill	20,926	19	156	
Therapeutic Duplication	2	0	0	
<b>Totals</b>	<b>22,337</b>	<b>22</b>	<b>181</b>	<b>22,540</b>

<b>Miscellaneous PA Program Totals</b>				
<b>Oct 06 to Sept 07 - PA Total</b>	<b>Approved</b>	<b>Denied</b>	<b>Suspended</b>	
Brand Medically Necessary	218	3	12	
Carafate (sucralfate)	104	36	2	
Growth Hormones	129	11	8	
Synagis	582	7	4	
<b>Totals</b>	<b>1,033</b>	<b>57</b>	<b>26</b>	<b>1,116</b>

Attachment 2.2 --continued-- PA ACTIVITY SUMMARY

**ATTACHMENT 2.2.B. DETAILED PA ACTIVITY BY PA TYPE: PDL PA**

<b>INDIANA MEDICAID - PA TOTALS from PDL Program - FFY2007</b>			
<b>Oct 06 to Sept 07 - PDL PA Totals</b>	<b>Approved</b>	<b>Denied</b>	<b>Suspended</b>
ACE Inhibitors	33	2	3
ACEI with CCB	77	2	1
ACEI with Diuretics	9	0	1
Acetaminophen Limits	61	4	0
Acne Agents	0	0	0
Actiq	0	0	0
Agents to treat COPD	164	3	1
Alpha Adrenergic Blockers	70	4	3
Angiotensin Receptor Blockers (ARBs)	496	6	11
Antidiabetic Agents	199	0	4
Antiemetic - Antivertigo Agents	146	8	4
Antifungal Oral	186	1	3
Antifungal Topical	35	1	2
Antipsoriatics	15	1	0
Anti-Ulcer - H Pyloric Agents	78	0	0
Antiviral Anti-herpetic Agent	146	5	1
Antiviral Influenza Agents	6	0	0
ARBs with Diuretics	142	4	1
Benign Prostatic Hypertrophy	0	1	0
Beta and Alpha/Beta Blockers	273	9	26
Beta Adrenergics and Corticosteroids	230	3	5
Bile Acid Sequestrants	49	4	5
Brand NSAIDS	65	6	1
Calcium Channel Blockers	203	3	2
Calcium Channel Blockers w/HMG CoA Reductase	10	0	0
Cephalosporins	13	1	0
Cox-2 Inhibitor	687	43	5
Cytotec	8	3	0
Eye Antibiotic- Corticosteroid Combo	0	0	0
Eye Antihistamines	4	0	0
Fibric Acids	39	0	0
Fluoroquinolones	25	2	7
Forteo	31	1	0
H2 Antagonists	177	4	4
Hematinics	1	0	1
Heparin and Related Products	5	0	0
HMG CoA Reductase Inhibitors (Statins)	12	1	1
Inhaled Glucocorticoids	436	7	18
Injectable Hypoglycemics	694	15	22
Inspra	4	0	0
Ketolides	22	0	0
Leukocyte Stimulants	39	1	2
Leukotriene Receptor Antagonists	318	5	10
Long Acting Beta Agonists	62	0	2
Macrolides	66	1	3
Miotics- OIPR	59	0	4
Narcotics	2101	40	61
Nasal Steroids and Antihistamines	241	13	14
Non-Sedating Antihistamines	1470	14	16

ATTACHMENT 2.2 --continued-- PA Activity

**DETAILED PA ACTIVITY BY PA TYPE: PDL PA – continued –**

**INDIANA MEDICAID - PA TOTALS from PDL Program - FFY2007**

<b>Oct 06 to Sept 07 - PDL PA Totals</b>	<b>Approved</b>	<b>Denied</b>	<b>Suspended</b>
Ophthalmic Antibiotics	32	2	0
Ophthalmic Antihistamines	2	0	0
Ophthalmic Mast Cell Stabilizers	16	0	2
Otic Antibiotics	64	3	1
Other Lipotropics	114	1	2
Plan Limits	0	0	0
Platelet Aggregation Inhibitors	24	0	1
Proton Pump Inhibitors	1902	6	3
PPI/NSAID Combination	14	1	1
SERMS - Bone Resorption Agents	69	4	2
Short Acting Beta Agonists	581	2	5
Skeletal Muscle Relaxants	679	3	19
Smoking Deterrent Agents	5	3	2
Stadol	0	0	0
Systemic Vitamin A Deriv.	2	0	0
Thiazolidenediones	96	2	7
Topical Estrogen Agents	8	2	1
Topical Vitamin A Deriv.	82	3	2
Triptans	115	6	7
Urinary Tract Antispasmodics - Antiincontinence	378	24	12
Vaginal Antimicrobials	27	0	3
Wound Care	232	12	3
<b>PDL PA TOTALS - Oct06 to Sep07</b>	<b>13649</b>	<b>292</b>	<b>317</b>

# **ATTACHMENT 3**

## **RETRODUR ACTIVITY-FFY 2007**

## CMS FFY 2007 - INDIANA MEDICAID DUR PROGRAMS

### **ATTACHMENT 3. RETRODUR ACTIVITY – FFY 2007**

**ATTACHMENT 3** is a year end summary report on retrospective DUR screening and interventions.

#### **RetroDUR Descriptive Overview**

RetroDUR interventions were performed as approved by the DUR Board. The DUR Board met monthly to review proposed interventions. The proposed interventions were sometimes modified to meet Board approval. ACS State Healthcare performed RetroDUR interventions only when the DUR Board approved an individual intervention.

Attachment 3.1 reports RetroDUR procedures used by the state of Indiana and ACS. As required in the CMS instructions, Attachments 3.2 to 3.4 include the following:

- 1) Cover all criteria exceptions, and includes a denominator (% criteria exceptions / number of prescription claims adjudicated for a drug class or drug), and the number of interventions undertaken during the reporting period.
- 2) States that engage in physician, pharmacy profile analysis (i.e., review prescribing or dispensing of multiple prescriptions for multiple patients involving a particular problem type or diagnosis) or engage in patient profiling should report the number of each type of profile (physician, pharmacy, patient) reviewed and identify the subject(s) (diagnosis, problem type, etc.) involved.

The State of Indiana used *two types of RetroDUR interventions*:

1. Standard RetroDUR initiatives, and
2. Intensive Benefits Management (IBM)

Standard RetroDUR intervention letters described potential drug therapy problem(s) in patient-specific situations. RetroDUR intervention letters may include the patient's current comprehensive drug history profile.

IBM interventions involved ACS pharmacists contacting practitioners about targeted drug therapy problems. The IBM pharmacists encouraged practitioners to consider changing targeted recipients' therapy to a more appropriate drug therapy and discussed various alternatives with practitioners.

## CMS FFY 2007 - INDIANA MEDICAID DUR PROGRAMS

### ATTACHMENT 3.1 INDIANA RETRODUR PROCEDURES



ACS State Healthcare assigned a Clinical Account Pharmacist to manage Indiana's DUR programs and to interact with the DUR Board. ACS clinical pharmacists trained and experienced in DUR activities conducted the RetroDUR operations described below.

The RetroDUR Program involved both computerized and clinical pharmacist review of medication claims history. An initial computer-based screening of each individual's patient claims history was performed using clinically-based criteria. The purpose of the computer-based screening was to identify *potential* drug therapy problems.

ACS' Clinical Account Pharmacist presented the criteria and screening to the DUR Board. The presentation included incidence and prevalence of the drug therapy problem. The DUR Board reviewed the drug therapy problem criteria and educational materials. If the RetroDUR intervention was approved by the DUR Board, ACS clinical pharmacists conducted the intervention. Practitioner responses were requested on the drug therapy intervention and documented in a proprietary case management database. The responses were used to receive feedback to assess the success of initiatives performed.

Although ACS collected prescribers' responses, evaluation of the impact of letter interventions were measured by actual prescriber behavior. In other words, ACS measured prescribers' actions resulting from the letters by measuring claims data. Evaluations of claims were performed 6-months post-intervention to determine the effectiveness of the educational interventions through changes in number of prescriptions and costs.

## ATTACHMENT 3.2 RETRODUR INTERVENTIONS BY PROBLEM CATEGORY

Problem Category or Conflict Code	Program Type (IBM*/RetroDUR**)	# of Patients Reviewed or Screened	# of Patients Intervened	# of MDs	# of Letters or Calls	# Pharmacies
Drug-Drug Interaction	RetroDUR	234	224	260	326	0
	IBM					0
Over-Utilization	RetroDUR	413	377	319	387	0
	IBM					0
Therapeutic Appropriateness	RetroDUR					0
	IBM	628	598	557	676	0
<b>TOTALS</b>		<b>1,275</b>	<b>1,199</b>	<b>1,136</b>	<b>1,389</b>	<b>0</b>

## ATTACHMENT 3.3 RETRODUR ACTIVITY BY MONTH

Month	Intervention Name	IBM	Retro DUR	# of Patients Reviewed or Screened	# of Patients Intervened	# of MDs	# of Letters or Calls	Response Rate on Interventions (Letters/Calls)
October-06	Concurrent Use of SSRI/SNRI's and Triptans		X	234	224	260	326	33%
November-06	Overutilization of Triptans		X	413	377	319	387	26.10%
December-06	No Intervention							
January-07	Cost Effective Therapy I - cardiovascular combination meds	X		387	377	366	447	42.51%
February-07	No Intervention							
March-07	No Intervention							
April-07	Cost Effective Therapy II - Diabetic combination meds	X		241	221	191	229	38.0%
May 2007 To September 2007	No Intervention							
<b>TOTALS</b>				<b>1,275</b>	<b>1,199</b>	<b>1,136</b>	<b>1,389</b>	

\*The Intensified Benefits Management (IBM) program focuses on critical evaluation of targeted individual recipient drug treatment plans. Those plans compare actual experience to documented standards to move toward more cost effective and appropriate pharmaceutical care.

\*\*Retrospective Drug Utilization Review (DUR) evaluates, after-the-fact, a sampling of individual drug treatment plans to check for cost-effectiveness and monitor appropriate patterns of pharmaceutical care.

## ATTACHMENT 3.4 RETRODUR EXCEPTIONS (PATIENTS SCREENED) & INTERVENTIONS BY THERAPEUTIC CLASS

Retrospective DUR Criteria				Indiana Medicaid RetroDUR Program							
Thera Class Code	Thera Class Code Spec Description	# Claims	# Utilizers	Month	Program Type	# PT Scree ned	# PT Targe ted	CA or PDL ED	OU	TA	DO
A1A	DIGITALIS GLYCOSIDES	9,299	8,693								
A1B	XANTHINES	4,530	4,211								
A1C	INOTROPIC DRUGS	51	14								
A1D	GENERAL BRONCHODILATOR AGENTS	18,353	15,551								
A2A	ANTIARRHYTHMICS	2,859	2,701								
A2C	ANTIANGINAL & ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC	389	373								
A4A	ANTIHYPERTENSIVES, VASODILATORS	3,060	2,854								
A4B	ANTIHYPERTENSIVES, SYMPATHOLYTIC	30,776	27,343								
A4C	ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS	21	20								
A4D	ANTIHYPERTENSIVES, ACE INHIBITORS	76,097	71,573								
A4F	ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	12,217	11,525								
A4H	ANGIOTENSIN RECEPTOR ANTGNST & CALC.CHANNEL BLOCKR	50	45								
A4I	ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	9,242	8,823								
A4J	ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	10,709	10,225								
A4K	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	7,325	7,020								
A4T	RENIN INHIBITOR, DIRECT	150	143								
A4Y	ANTIHYPERTENSIVES, MISCELLANEOUS	2,954	2,807								
A7B	VASODILATORS, CORONARY	18,450	16,001								
A7C	VASODILATORS, PERIPHERAL	41	40								
A7J	VASODILATORS, COMBINATION	207	203								
A9A	CALCIUM CHANNEL BLOCKING AGENTS	45,209	42,054	Jan-07	IBM	387	377				X
B0A	GENERAL INHALATION AGENTS	813	767								
B1B	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	74	73								
B1C	PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	41	38								
B1D	PULM.ANTI-HTN, SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	249	223								
B3A	MUCOLYTICS	1,150	1,017								
B3J	EXPECTORANTS	17,148	12,576								
B3K	COUGH AND/OR COLD PREPARATIONS	1	1								
B3N	DECONGESTANT-ANALGESIC-EXPECTORANT COMBINATION	1	1								
B3O	1ST GEN ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMB	9	9								
B3Q	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	8,706	7,625								
B3R	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	10,534	10,067								
B3S	NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT	525	504								
B3T	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	21,370	18,539								
B3X	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	6,075	5,666								
B3Y	1ST GEN ANTIHISTAMINE-DECONGESTANT-EXPECTORANT CMB	104	102								
B4C	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	591	499								
B4D	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	9,626	8,358								
B4E	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	978	910								
B4J	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGST-EXPECT	46	43								
B4K	NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	41	40								
B4L	NON-NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	62	50								
B4P	NON-NARC ANTITUSS-DECONGESTANT-ANALGESIC-EXPECT CB	1	1								
B4Q	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	1,278	1,140								
B4R	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB	344	326								
B4S	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	14,219	12,177								
B4U	DECONGESTANT-ANTICHOLINERGIC COMBINATIONS	7	7								
B4W	DECONGESTANT-EXPECTORANT COMBINATIONS	9,312	8,754								
B4X	EXPECTORANT COMBINATIONS OTHER	26	23								
B5R	ANALGESICS, MIXED-1ST GEN ANTIHISTAMINE-XANTHINE	4	4								
B5S	ANALGESIC, NON-SAL.- 1ST GENERATION ANTIHISTAMINE	535	500								
B5T	1ST GENERATION ANTIHISTAMINE-ANTICHOLINERGIC COMB.	12	12								
C0B	WATER	1,056	583								
C0D	ANTI-ALCOHOLIC PREPARATIONS	1,284	1,138								
C0K	BICARBONATE PRODUCING/CONTAINING AGENTS	2,119	1,764								
C1A	ELECTROLYTE DEPLETERS	1,996	1,689								
C1B	SODIUM/SALINE PREPARATIONS	7,832	2,855								
C1D	POTASSIUM REPLACEMENT	35,416	32,786								
C1F	CALCIUM REPLACEMENT	140,795	130,641								
C1H	MAGNESIUM SALTS REPLACEMENT	5,205	4,706								
C1P	PHOSPHATE REPLACEMENT	660	578								
C1W	ELECTROLYTE MAINTENANCE	560	458								
C3B	IRON REPLACEMENT	72,672	67,033								
C3C	ZINC REPLACEMENT	11,034	10,110								
C3H	IODINE CONTAINING AGENTS	161	155								
C3M	MINERAL REPLACEMENT, MISCELLANEOUS	163	74								
C4F	ANTIHYPERGly, (DPP-4) INHIBITOR & BIGUANIDE COMB.	100	99								
C4G	INSULINS	52,347	35,006								

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

Retrospective DUR Criteria				Indiana Medicaid RetroDUR Program							
Thera Class Code	Thera Class Code Spec Description	# Claims	# Utilizers	Month	Program Type	# PT Screened	# PT Targeted	CA or PDL ED	OU	TA	DO
C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	270	242								
C4I	ANTIHYPERGLY. INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST)	2,029	1,916								
C4J	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	1,393	1,325								
C4K	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE	27,213	25,174								
C4L	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE (NON-SULFONYLUREA)	38,579	36,385								
C4M	ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)	300	282								
C4N	ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	21,735	20,501	Apr-07	IBM	241	221				X
C4R	ANTIHYPERGLYCEMIC, INSULIN-RESPONSE & RELEASE COMB.	269	257	Apr-07	IBM	241	221				X
C4S	ANTIHYPERGLYCEMIC, INSULIN-REL STIM & BIGUANIDE COMB	2,820	2,693								
C4T	ANTIHYPERGLYCEMIC, INSULIN-RESP. ENHANCER & BIGUANIDE COMB	1,131	1,076	Apr-07	IBM	241	221				X
C5B	PROTEIN REPLACEMENT	8	4								
C5F	DIETARY SUPPLEMENT, MISCELLANEOUS	5	5								
C5J	IV SOLUTIONS: DEXTROSE-WATER	1,554	463								
C5K	IV SOLUTIONS: DEXTROSE-SALINE	208	93								
C5M	IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS	28	12								
C5O	DILUENT SOLUTIONS	39	37								
C6A	VITAMIN A PREPARATIONS	8	8								
C6B	VITAMIN B PREPARATIONS	24,941	23,284								
C6C	VITAMIN C PREPARATIONS	32,900	30,066								
C6D	VITAMIN D PREPARATIONS	4,240	3,903								
C6E	VITAMIN E PREPARATIONS	11,143	10,310								
C6F	PRENATAL VITAMIN PREPARATIONS	12,709	12,419								
C6G	GERIATRIC VITAMIN PREPARATIONS	5,784	5,448								
C6H	PEDIATRIC VITAMIN PREPARATIONS	6,753	6,403								
C6I	ANTIOXIDANT MULTIVITAMIN COMBINATIONS	144	134								
C6K	VITAMIN K PREPARATIONS	1,114	965								
C6L	VITAMIN B12 PREPARATIONS	17,173	15,551								
C6M	FOLIC ACID PREPARATIONS	32,323	30,385								
C6N	NIACIN PREPARATIONS	2,398	2,193								
C6Q	VITAMIN B6 PREPARATIONS	4,255	3,938								
C6R	VITAMIN B2 PREPARATIONS	197	186								
C6T	VITAMIN B1 PREPARATIONS	6,758	6,220								
C6Z	MULTIVITAMIN PREPARATIONS	230,627	209,532								
C7A	HYPERURICEMIA TX - PURINE INHIBITORS	5,091	4,861								
C7B	DECARBOXYLASE INHIBITORS	15	14								
C7D	METABOLIC DEFICIENCY AGENTS	2,498	2,211								
C7F	APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.	2,041	1,754								
C8A	METALLIC POISON AGENTS TO TREAT	105	94								
C8E	ANTIDOTES, MISCELLANEOUS	1	1								
C9C	PARENTERAL AMINO ACID SOLUTIONS AND COMBINATIONS	115	32								
D1A	PERIODONTAL COLLAGENASE INHIBITORS	160	150								
D1D	DENTAL AIDS AND PREPARATIONS	5,203	4,826								
D2A	FLUORIDE PREPARATIONS	1,904	1,835								
D4B	ANTACIDS	28,657	22,929								
D4D	ANTI-DIARRHEAL MICROORGANISMS AGENTS	5	5								
D4E	ANTI-ULCER PREPARATIONS	2,414	2,215								
D4F	ANTI-ULCER-H. PYLORI AGENTS	91	89								
D4G	GASTRIC ENZYMES	2,351	2,072								
D4I	ORAL MUCOSITIS/STOMATITIS ANTI-INFLAMMATORY AGENT	2	2								
D4K	GASTRIC ACID SECRETION REDUCERS	190,417	170,265								
D4N	ANTI-FLATULENTS	3,387	2,390								
D5P	INTESTINAL ADSORBENTS AND PROTECTIVES	10	8								
D6A	DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON	11	8								
D6C	IRRITABLE BOWEL SYND. AGENT, 5HT-3 ANTAGONIST-TYPE	25	23								
D6D	ANTI-DIARRHEALS	9,633	8,463								
D6E	IRRITABLE BOWEL SYND. AGENT, 5HT-4 PARTIAL AGONIST	3,009	2,848								
D6F	DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLATE	1,599	1,516								
D6S	LAXATIVES AND CATHARTICS	271,211	208,505								
D7A	BILE SALTS	825	773								
D7D	DRUGS TO TREAT HEREDITARY TYROSINEMIA	17	11								
D7L	BILE SALT SEQUESTRANTS	1,120	1,041								
D8A	PANCREATIC ENZYMES	2,139	1,936								
D9A	AMMONIA INHIBITORS	2,572	1,959								
F1A	ANDROGENIC AGENTS	1,199	1,116								
F2A	DRUGS TO TREAT IMPOTENCY	11	10								
G1A	ESTROGENIC AGENTS	17,609	16,601								
G1D	ESTROGEN & PROGESTIN WITH ANTIMINERALOCORTICOID CB	3	3								
G2A	PROGESTATIONAL AGENTS	2,490	2,319								
G3A	OXYTOCICS	216	213								
G8A	CONTRACEPTIVES, ORAL	20,090	18,471								
G8B	CONTRACEPTIVES, IMPLANTABLE	3	3								
G8C	CONTRACEPTIVES, INJECTABLE	3,367	3,323								

## ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

Retrospective DUR Criteria				Indiana Medicaid RetroDUR Program							
Thera Class Code	Thera Class Code Spec Description	# Claims	# Utilizers	Month	Program Type	# PT Screen ed	# PT Target ed	CA or PDL ED	OU	TA	DO
G8F	CONTRACEPTIVES, TRANSDERMAL	1,920	1,780								
G9B	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	665	631								
H0A	LOCAL ANESTHETICS	2,051	1,598								
H0E	AGENTS TO TREAT MULTIPLE SCLEROSIS	2,721	2,468								
H1A	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	1,697	1,517								
H2A	CENTRAL NERVOUS SYSTEM STIMULANTS	1	1								
H2C	GENERAL ANESTHETICS, INJECTABLE	92	68								
H2D	BARBITURATES	22,325	18,372								
H2E	SEDATIVE-HYPNOTICS, NON-BARBITURATE	63,359	56,403								
H2F	ANTI-ANXIETY DRUGS	283,279	236,646								
H2G	ANTI-PSYCHOTICS, PHENOTHIAZINES	7,954	6,229								
H2H	MONOAMINE OXIDASE(MAO) INHIBITORS	60	55								
H2M	ANTI-MANIA DRUGS	11,714	10,000								
H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	145,732	130,481	Oct-06	Retro-DUR	233	224			x	
H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	27,131	24,868								
H2V	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	48,715	39,911								
H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	398	369								
H2X	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	167	157								
H3A	ANALGESICS, NARCOTICS	325,496	203,755								
H3C	ANALGESICS, NON-NARCOTICS	12	3								
H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	164,037	152,307								
H3E	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	132,945	109,947								
H3F	ANTIMIGRAINE PREPARATIONS	6,675	6,173	Oct 06 Nov 06	Retro-DUR	223 413	224 377		x	x	
H3H	ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT AGENTS	26	8								
H3I	ANALGESICS, NEURONAL-TYPE CALCIUM CHANNEL BLOCKERS	5	4								
H3K	ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.	360	314								
H3L	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB	6,179	5,149								
H3M	NARC. & NON-SAL. ANALGESIC, BARBITURATE & XANTHINE CMB	158	134								
H3N	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	2,057	1,654								
H3O	ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB	1,171	973								
H3R	NARCOTIC & SALICYLATE ANALGESICS, BARB. & XANTHINE	486	372								
H3T	NARCOTIC ANTAGONISTS	1,038	938								
H3U	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	15,400	13,376								
H4B	ANTICONVULSANTS	313,711	215,332								
H6A	ANTIPARKINSONISM DRUGS, OTHER	13,219	11,491								
H6B	ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	18,743	16,901								
H6C	ANTITUSSIVES, NON-NARCOTIC	8,469	7,704								
H6E	EMETICS	8	8								
H6H	SKELETAL MUSCLE RELAXANTS	65,906	57,218								
H6I	AMYOTROPHIC LATERAL SCLEROSIS AGENTS	15	12								
H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	17,942	14,162								
H7B	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	14,410	12,920								
H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	45,958	39,195	Oct-06	Retro-DUR	233	224			X	
H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	27,596	24,904								
H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	35,771	32,619								
H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	56	52								
H7N	SMOKING DETERRENTS, OTHER	125	120								
H7O	ANTI-PSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	7,496	5,986								
H7P	ANTI-PSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES	1,224	1,068								
H7R	ANTI-PSYCH. DOPAMINE ANTAG., DIPHENYL BUTYL PIPERIDINES	110	102								
H7S	ANTI-PSYCHOTICS, DOPAMINE ANTAGONIST, DIHYDROINDOLONES	150	117								
H7T	ANTI-PSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	161,799	113,529								
H7U	ANTI-PSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	513	395								
H7W	ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT	38	37								
H7X	ANTI-PSYCHOTICS, ATYP. D2 PARTIAL AGONIST/5HT MIXED	31,871	26,781								
H7Y	TX FOR ATTENTION DEFICIT-HYPERACT. (ADHD), NRI-TYPE	13,814	11,815								
H7Z	SSRI & ANTI-PSYCH. ATYP. DOPAMINE & SEROTONIN ANTAG COMB	681	631								
H8B	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	3,214	3,007								
J1A	PARASYMPATHETIC AGENTS	910	842								
J1B	CHOLINESTERASE INHIBITORS	4,433	4,022								
J2A	BELLADONNA ALKALOIDS	3,881	3,550								
J2B	ANTICHOLINERGICS, QUATERNARY AMMONIUM	2,781	2,489								
J2D	ANTICHOLINERGICS/ANTISPASMODICS	4,404	4,155								
J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)	5,646	4,654								
J3C	SMOKING DETERRENT-NICOTINIC RECEPT. PARTIAL AGONIST	8,985	8,018								
J5A	ADRENERGIC AGENTS, CATECHOLAMINES	31	30								
J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	35,618	29,028								
J5D	BETA-ADRENERGIC AGENTS	78,311	63,722								
J5E	SYMPATHOMIMETIC AGENTS	5,908	5,408								
J5F	ANAPHYLAXIS THERAPY AGENTS	1,182	1,142								
J5G	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	20,540	19,817								
J5H	ADRENERGIC VASOPRESSOR AGENTS	390	356								
J5J	BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	12,762	11,546								
J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	12,537	11,614								
J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	3,535	3,306								

### ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

Retrospective DUR Criteria				Indiana Medicaid RetroDUR Program							
Thera Class Code	Thera Class Code Spec Description	# Claims	# Utilizers	Month	Program Type	# PT Screened	# PT Targeted	CA or PDL ED	OU	TA	DO
J7C	BETA-ADRENERGIC BLOCKING AGENTS	79,577	74,191								
J9A	INTESTINAL MOTILITY STIMULANTS	15,857	14,613								
J9B	ANTISPASMODIC AGENTS	23	22								
L0B	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	1,346	1,071								
L0C	DIABETIC ULCER PREPARATIONS, TOPICAL	68	65								
L1A	ANTIPSORIATIC AGENTS, SYSTEMIC	127	118								
L1B	ACNE AGENTS, SYSTEMIC	93	87								
L2A	EMOLLIENTS	6,620	6,112								
L3A	PROTECTIVES	1,314	914								
L3P	ANTIPRURITICS, TOPICAL	323	231								
L4A	ASTRINGENTS	9	9								
L5A	KERATOLYTICS	3,401	3,037								
L5B	SUNSCREENS	1	1								
L5E	ANTISEBORRHEIC AGENTS	1,812	1,710								
L5F	ANTIPSORIATICS AGENTS	769	662								
L5G	ROSACEA AGENTS, TOPICAL	540	501								
L5H	ACNE AGENTS, TOPICAL	1,181	1,118								
L6A	IRRITANTS/COUNTER-IRRITANTS	1,917	1,516								
L8B	ANTIPERSPIRANTS	169	162								
L9A	TOPICAL AGENTS, MISCELLANEOUS	19	19								
L9B	VITAMIN A DERIVATIVES	1,101	1,060								
L9C	HYPOPIGMENTATION AGENTS	84	75								
M0B	PLASMA PROTEINS	2	2								
M0E	ANTIHEMOPHILIC FACTORS	576	376								
M0F	FACTOR IX PREPARATIONS	88	63								
M4B	IV FAT EMULSIONS	132	33								
M4D	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	83,310	78,654	Jan-07	IBM	387	377				X
M4E	LIPOTROPICS	26,312	22,866	Jan-07	IBM	387	377				X
M4G	HYPERGLYCEMICS	2,557	1,869								
M4I	ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB	2,374	2,268								
M4L	ANTIHYPERLIPIDEMIC-HMG COA REDUCTASE INHIB.&NIACIN	431	410								
M4M	ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB	11,244	10,735								
M9A	TOPICAL HEMOSTATICS	2	1								
M9D	ANTIFIBRINOLYTIC AGENTS	53	50								
M9F	THROMBOLYTIC ENZYMES	68	47								
M9K	HEPARIN AND RELATED PREPARATIONS	7,837	4,714								
M9L	ANTICOAGULANTS, COUMARIN TYPE	22,437	15,900								
M9P	PLATELET AGGREGATION INHIBITORS	25,781	23,822								
M9S	HEMORRHOLOGIC AGENTS	904	869								
N1B	HEMATINICS, OTHER	2,092	1,478								
N1C	LEUKOCYTE (WBC) STIMULANTS	340	244								
N1D	PLATELET REDUCING AGENTS	65	58								
N1E	PLATELET PROLIFERATION STIMULANTS	1	1								
P0B	FOLLICLE STIM./LUTEINIZING HORMONES	4	4								
P1A	GROWTH HORMONES	929	838								
P1B	SOMATOSTATIC AGENTS	155	135								
P1E	ADRENOCORTICOTROPHIC HORMONES	21	17								
P1F	PITUITARY SUPPRESSIVE AGENTS	130	122								
P1M	LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	124	117								
P1P	LHRH(GNRH) AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	126	118								
P1U	METABOLIC FUNCTION DIAGNOSTICS	1	1								
P2B	ANTIDIURETIC AND VASOPRESSOR HORMONES	5,912	5,283								
P3A	THYROID HORMONES	52,449	47,226								
P3B	THYROID FUNCTION DIAGNOSTIC AGENTS	4	4								
P3L	ANTITHYROID PREPARATIONS	682	644								
P4B	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	228	209								
P4D	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE	398	331								
P4L	BONE RESORPTION INHIBITORS	13,724	12,550								
P4M	CALCIMIMETIC, PARATHYROID CALCIUM ENHANCER	426	401								
P4N	BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS	721	690								
P4O	BONE RESORPTION INHIBITOR & CALCIUM COMBINATIONS	1	1								
P5A	GLUCOCORTICOIDS	54,082	46,789								
P5S	MINERALOCORTICOIDS	1,000	932								
P6A	PINEAL HORMONE AGENTS	5	5								
P7A	INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES	6	6								
Q2C	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	734	679								
Q3A	RECTAL PREPARATIONS	1,171	1,061								
Q3B	RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)	27	24								
Q3D	HEMORRHOIDAL PREPARATIONS	766	623								
Q3E	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX	79	72								
Q3H	HEMORRHOIDALS, LOCAL RECTAL ANESTHETICS	233	212								
Q3I	HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH	80	78								
Q3S	LAXATIVES, LOCAL/RECTAL	20,375	17,485								
Q4B	VAGINAL ANTISEPTICS	4	4								
Q4F	VAGINAL ANTIFUNGALS	2,633	2,526								
Q4K	VAGINAL ESTROGEN PREPARATIONS	883	842								

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

Retrospective DUR Criteria				Indiana Medicaid RetroDUR Program							
Thera Class Code	Thera Class Code Spec Description	# Claims	# Utilizers	Month	Program Type	# PT Screened	# PT Targeted	CA or PDL ED	OU	TA	DO
Q4S	VAGINAL SULFONAMIDES	7	7								
Q4W	VAGINAL ANTIBIOTICS	1,064	1,045								
Q5A	TOPICAL PREPARATIONS,MISCELLANEOUS	12	8								
Q5B	TOPICAL PREPARATIONS,ANTIBACTERIALS	368	313								
Q5F	TOPICAL ANTIFUNGALS	27,645	22,307								
Q5H	TOPICAL LOCAL ANESTHETICS	6,088	5,533								
Q5K	TOPICAL IMMUNOSUPPRESSIVE AGENTS	1,410	1,309								
Q5N	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS	52	50								
Q5P	TOPICAL ANTI-INFLAMMATORY STEROIDAL	22,294	19,056								
Q5R	TOPICAL ANTIPARASITICS	5,768	5,236								
Q5S	TOPICAL SULFONAMIDES	2,489	2,021								
Q5V	TOPICAL ANTIVIRALS	1,139	1,059								
Q5W	TOPICAL ANTIBIOTICS	40,716	34,997								
Q5X	TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY,STEROIDAL	41	36								
Q6A	OPHTHALMIC PREPARATIONS, MISCELLANEOUS	1	1								
Q6C	EYE VASOCONSTRICTORS (RX ONLY)	22	21								
Q6D	EYE VASOCONSTRICTORS (OTC ONLY)	194	185								
Q6G	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	5,754	4,349								
Q6H	EYE LOCAL ANESTHETICS	2	2								
Q6I	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	783	738								
Q6J	MYDRIATICS	422	405								
Q6P	EYE ANTIINFLAMMATORY AGENTS	2,253	1,989								
Q6R	EYE ANTIHISTAMINES	2,467	2,301								
Q6S	EYE SULFONAMIDES	1,440	1,418								
Q6T	ARTIFICIAL TEARS	29,475	25,520								
Q6U	OPHTHALMIC MAST CELL STABILIZERS	189	180								
Q6V	EYE ANTIVIRALS	49	47								
Q6W	OPHTHALMIC ANTIBIOTICS	7,642	7,075								
Q6Y	EYE PREPARATIONS, MISCELLANEOUS (OTC)	3,581	2,954								
Q7A	NOSE PREPARATIONS, MISCELLANEOUS (RX)	376	357								
Q7E	NASAL ANTIHISTAMINE	1,516	1,468								
Q7H	NASAL MAST CELL STABILIZERS AGENTS	80	78								
Q7P	NASAL ANTI-INFLAMMATORY STEROIDS	20,245	19,494								
Q7W	NOSE PREPARATIONS ANTIBIOTICS	43	38								
Q7Y	NOSE PREPARATIONS, MISCELLANEOUS (OTC)	4,553	4,255								
Q8B	EAR PREPARATIONS, MISC. ANTI-INFECTIVES	400	372								
Q8C	OTIC,ANTIINFECTIVE-LOCAL ANESTHETIC COMBINATIONS	1	1								
Q8F	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	2,087	2,001								
Q8H	EAR PREPARATIONS,LOCAL ANESTHETICS	1,359	1,352								
Q8P	EAR PREPARATIONS ANTI-INFLAMMATORY	14	13								
Q8R	EAR PREPARATIONS,EAR WAX REMOVERS	4,821	4,660								
Q8W	EAR PREPARATIONS,ANTIBIOTICS	4,236	4,106								
Q9B	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	6,396	5,650								
R1A	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	17,212	15,805								
R1E	CARBONIC ANHYDRASE INHIBITORS	1,074	998								
R1F	THIAZIDE AND RELATED DIURETICS	26,337	25,038								
R1H	POTASSIUM SPARING DIURETICS	12,037	11,326								
R1I	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	1,454	1,370								
R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	10,884	10,379								
R1M	LOOP DIURETICS	49,536	45,525								
R1R	URICOSURIC AGENTS	149	143								
R1S	URINARY PH MODIFIERS	913	838								
R4A	KIDNEY STONE AGENTS	2	1								
R5A	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	2,290	2,133								
R5B	URINARY TRACT ANALGESIC AGENTS	336	324								
S2A	COLCHICINE	1,412	1,341								
S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	86,187	78,965								
S2C	GOLD SALTS	2	2								
S2H	ANTI-INFLAMMATORY/ANTIARTHRITIS AGENTS, MISC.	20	20								
S2I	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	508	491								
S2J	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1,386	1,287								
S2K	ANTI-ARTHRITIC AND CHELATING AGENTS	36	33								
S2M	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	14	14								
S2N	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	4	3								
S2P	NSAID, COX INHIBITOR-TYPE & PROTON PUMP INHIB COMB	12	12								
S2Q	ANTIINFLAMMATORY, SEL COSTIM.MOD, T-CELL INHIBITOR	8	7								
S2T	NSAIDS (COX NON-SPECIFIC INHIB)& PROSTAGLANDIN CMB	290	276								
S7A	NEUROMUSCULAR BLOCKING AGENTS	19	19								
T0A	TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL	44	37								
T0B	TOPICAL PLEUROMUTILIN DERIVATIVES	49	46								
U5B	HERBAL DRUGS	1	1								
U6A	PHARMACEUTICAL ADJUVANTS, TABLETING	12	10								
U6E	OINTMENT/CREAM BASES	310	118								

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

Retrospective DUR Criteria				Indiana Medicaid RetroDUR Program							
Thera Class Code	Thera Class Code Spec Description	# Claims	# Utilizers	Month	Program Type	# PT Screened	# PT Targeted	CA or PDL ED	OU	TA	DO
U6F	HYDROPHILIC CREAM/OINTMENT BASES	98	74								
U6H	SOLVENTS	3,651	2,163								
U6N	VEHICLES	15,451	12,197								
U6W	BULK CHEMICALS	4,226	2,978								
U7A	SUSPENDING AGENTS	16	14								
U7K	FLAVORING AGENTS	637	444								
U7N	SWEETENERS	2	2								
V1A	ALKYLATING AGENTS	731	584								
V1B	ANTIMETABOLITES	3,726	3,134								
V1C	VINCA ALKALOIDS	4	4								
V1D	ANTIBIOTIC ANTINEOPLASTICS	3	2								
V1E	STEROID ANTINEOPLASTICS	760	713								
V1F	ANTINEOPLASTICS,MISCELLANEOUS	2,378	2,276								
V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	304	278								
V1J	ANTIANDROGENIC AGENTS	53	51								
V1M	ANTINEOPLASTIC IMMUNOMODULATOR AGENTS	34	31								
V1N	SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)	5	5								
V1O	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	43	42								
V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	660	594								
V1T	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	1,021	980								
W1A	PENICILLINS	65,150	60,435								
W1C	TETRACYCLINES	13,810	12,930								
W1D	MACROLIDES	33,802	32,366								
W1F	AMINOGLYCOSIDES	2,025	1,375								
W1G	ANTITUBERCULAR ANTIBIOTICS	356	328								
W1J	VANCOMYCIN AND DERIVATIVES	2,210	740								
W1K	LINCOSAMIDES	5,440	4,914								
W1L	ANTIBIOTICS, MISCELLANEOUS, OTHER	6	3								
W1M	STREPTOGRAMINS	5	1								
W1N	POLYMYXIN AND DERIVATIVES	57	49								
W1O	OXAZOLIDINONES	401	298								
W1P	BETALACTAMS	69	27								
W1Q	QUINOLONES	26,605	23,099								
W1S	CARBAPENEMS (THIENAMYCINS)	901	263								
W1W	CEPHALOSPORINS - 1ST GENERATION	25,230	23,327								
W1X	CEPHALOSPORINS - 2ND GENERATION	4,963	4,697								
W1Y	CEPHALOSPORINS - 3RD GENERATION	8,416	7,587								
W1Z	CEPHALOSPORINS - 4TH GENERATION	304	104								
W2A	ABSORBABLE SULFONAMIDES	19,904	18,648								
W2E	ANTI-MYCOBACTERIUM AGENTS	537	421								
W2F	NITROFURAN DERIVATIVES	6,702	6,256								
W2G	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	318	288								
W3A	ANTIFUNGAL ANTIBIOTICS	5,487	4,935								
W3B	ANTIFUNGAL AGENTS	12,667	11,559								
W4A	ANTIMALARIAL DRUGS	5,259	5,035								
W4C	AMEBACIDES	3	3								
W4E	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	8,221	7,723								
W4G	2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL	18	16								
W4K	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	118	111								
W4L	ANTHELMINTICS	415	388								
W4M	ANTIPARASITICS	25	22								
W4P	ANTILEPROTICS	445	415								
W5A	ANTIVIRALS, GENERAL	5,978	5,458								
W5C	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	2,402	1,421								
W5D	ANTIVIRAL MONOCLONAL ANTIBODIES	722	502								
W5F	HEPATITIS B TREATMENT AGENTS	184	169								
W5G	HEPATITIS C TREATMENT AGENTS	1,578	796								
W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	343	329								
W5J	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	1,717	1,098								
W5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	1,085	1,020								
W5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	1,121	1,058								
W5M	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	972	917								
W5N	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	54	54								
W5O	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	1,471	1,384								
W5P	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	87	82								
W5Q	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI	717	675								
W7B	VIRAL/TUMORIGENIC VACCINES	98	96								
W7C	INFLUENZA VIRUS VACCINES	851	851								
W7J	NEUROTOXIC VIRUS VACCINES	5	5								
W7K	ANTISERA	173	102								
W7L	GRAM POSITIVE COCCI VACCINES	367	361								
W7M	GRAM (-) BACILLI (NON-ENTERIC) VACCINES	2	2								
W7N	TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS	66	65								
W7Q	GRAM NEGATIVE COCCI VACCINES	11	11								

### ATTACHMENT 3.4--continued-- RetroDUR Exceptions & Interventions

Retrospective DUR Criteria				Indiana Medicaid RetroDUR Program							
Thera Class Code	Thera Class Code Spec Description	# Claims	# Utilizers	Month	Program Type	# PT Screened	# PT Targeted	CA or PDL ED	OU	TA	DO
W7T	ANTIGENIC SKIN TESTS	51	51								
W7Z	VACCINE/TOXOID PREPARATIONS,COMBINATIONS	146	129								
W8D	OXIDIZING AGENTS	71	48								
W8F	IRRIGANTS	2,288	1,713								
W8G	ANTISEPTICS,MISCELLANEOUS	9	8								
W8N	TOPICAL ANTISEPTIC DRYING AGENTS	23	23								
W9A	KETOLIDES	26	24								
W9B	CYCLIC LIPOPEPTIDES	303	81								
W9C	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	414	335								
W9D	GLYCYLCYCLINES	161	46								
X2B	SYRINGES AND ACCESSORIES	2	2								
X4B	INCONTINENCE SUPPLIES	1	1								
Y0A	DURABLE MEDICAL EQUIPMENT,MISCELLANEOUS	40	22								
Z1J	METABOLIC DX ENZYME REPLACE, MUCOPOLYSACCHARIDOSIS	10	5								
Z1L	METABOLIC DISEASE ENZYME REPLACEMENT,POMPE DISEASE	10	5								
Z2A	ANTIHISTAMINES	5	5								
Z2E	IMMUNOSUPPRESSIVES	6,408	4,265								
Z2F	MAST CELL STABILIZERS	950	828								
Z2G	IMMUNOMODULATORS	545	504								
Z2H	SYSTEMIC ENZYME INHIBITORS	92	79								
Z2L	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	225	210								
Z2N	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	4,380	4,166								
Z2O	2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	5,034	4,727								
Z2P	ANTIHISTAMINES - 1ST GENERATION	58,126	49,538								
Z2Q	ANTIHISTAMINES - 2ND GENERATION	118,183	110,815								
Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS	27,052	25,761								
Z4E	5-LIPOXYGENASE INHIBITORS	18	17								

RetroDUR Program Code Key	
Program Code	Code Description
DO	Dose Optimization
OU	Over Utilization
TA	Therapeutic Appropriate

## ATTACHMENT 3.5 RETRODUR INTERVENTIONS PERFORMED-DESCRIPTION

The following information is a year-end summary description of RetroDUR activities that were approved by the DUR Board and performed by ACS through the following RetroDUR program types: standard RetroDUR programs and IBM (phone calls to prescribers).

(Note: Not all RetroDUR criteria and initiatives include cost savings. Quality of care initiatives may actually increase pharmacy costs, while reducing the use of other resources, such as medical expenditures, and improving the quality of life of the participant).

### INDIANA MEDICAID-RETRODUR-FFY 2007

Month	Intervention Name	IBM	RetroDUR	Intervention Description
Oct-06	Concurrent Use of SSRI/SNRI's and Triptans		X	Patients included in this review were patients who had received Triptan therapy concurrently prescribed with a SSRI or a SNRI antidepressant. On July 19th 2006, the FDA issued a Public Health Advisory regarding serotonin syndrome in patients concurrently prescribed a Triptan with either a SSRI or a SNRI antidepressant. Triptans, SSRIs, and SNRIs can increase serotonin levels and providers should weigh the potential risk of serotonin syndrome in patients vs. the benefit of using these drugs concurrently.
Nov-06	Overutilization of Triptans		X	Patients included in this review were patients who had received a prescription for a Selective Serotonin Receptor Agonist, "Triptan", for two or more consecutive months but who had not received a prescription for a migraine preventative medication such as Divalproate or Beta Blockers. It was noted that exceeding the recommended dosage and/or taking a serotonin receptor agonist (Triptan) agent more than 2 times a week may result in a drug induced rebound headache. Providers were asked to consider using preventive medications in this patient population.
Dec-06	2 interventions submitted to the DUR Board			2 interventions approved by the DUR Board. These interventions were implemented in January and April 2007.
Jan-07	Cost Effective Therapy I - cardiovascular combination meds	X		As a result of state Medicaid pricing, it may be more cost-effective to prescribe one brand agent than to prescribe a combination of two agents, even if both are available generically. Patients included in this review had received cardiovascular medications therapy with single agents when these agents and doses are available as combination agents at a cheaper cost. The specific medications included were Caduet vs. amlodipine/atorvastatin combination, and Vytorin vs. ezetimibe/simvastatin combination.
Feb-07	No Intervention Approved			No IBM/RetroDUR intervention was proposed
Mar-07	No Intervention Approved			No IBM/RetroDUR intervention was proposed
Apr-07	Cost Effective Therapy II - Diabetic combination meds	X		As a result of state Medicaid pricing, it may be more cost-effective to prescribe one brand agent than to prescribe a combination of two agents, even if both are available generically. Patients included in this review had received diabetic medications therapy with single agents when these agents and doses are available as combination agents at a cheaper cost. The specific medications included were Avandamet vs. the rosiglitazone/metformin combination, Avandaryl vs. the rosiglitazone/glimepiride combination and Actoplus Met vs. the pioglitazone/metformin combination.
May-07 to Sept-07	No Intervention Approved			No IBM/RetroDUR intervention was proposed

# **ATTACHMENT 4**

## **SUMMARY OF DUR BOARD ACTIVITIES**

## ATTACHMENT 4. SUMMARY OF DUR BOARD ACTIVITIES

### A. Indicate the number of DUR Board meetings held.

- A. DUR Board meetings are held monthly. Twelve meetings were held during FFY 2007.

### B. List additions/deletions to DUR Board approved criteria.

1. **For prospective DUR, list problem type/drug combinations added or deleted.**  
*See Attachment 4.1 for changes to DUR Board-approved ProDUR criteria.*

For prospective DUR, the DUR Board worked on two major initiatives:

- (1) Mental Health Quality Edits–The DUR Board established criteria requiring prior authorization (hard edit) where duplication of mental health medications occurred.
- (2) Mental Health Quantity Limits– The DUR Board established quantity limits on the mental health medications. This effort is to enhance quality and appropriateness in mental health prescribing practices. Claims that exceed the established limit will require a prior authorization.

2. **For retrospective DUR, list therapeutic categories added or deleted.**  
*See Attachment 4.2 for additions and deletions of DUR Board-approved RetroDUR criteria.*

### C. Describe Board policies that establish whether and how results of prospective DUR screenings are used to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screenings are used to adjust prospective DUR screens.

Analyses of both ProDUR and RetroDUR edits and criteria have always been used by the OMPP (through its contractors and the DUR Board) to help establish new cost-containment initiatives and to monitor rational drug use and prescribing. It has been standard practice by the OMPP and DUR Board to expect that the contractor would develop and present innovative ideas on cost containment & therapeutic appropriateness through DUR program efforts.

The DUR Board advises on formularies, ProDUR & PA programs, RetroDUR programs, and newsletters (through the contractor) that address educational issues that relate to the prescribing and utilization of prescription drugs in the most cost-effective manner.

ATTACHMENT 4 -- continued --

In FFY 2006, OMPP switched to EDS as the contractor for claims processing and ACS continued to be the clinical programs contractor. As the clinical programs contractor for OMPP, ACS reviewed drug trends for ideas on cost containment, therapeutic appropriateness, & overuse under the oversight of OMPP and the DUR Board. For FFY 2007, these ideas were implemented in the form of quantity limits and prior authorization prospectively and in the form of phone/fax and letter interventions on dose optimization and therapeutic appropriateness retrospectively.

Up to a certain threshold, the more RetroDUR screenings & interventions that are performed, the higher the RetroDUR savings. The DUR Board approved and ACS conducted less RetroDUR interventions every year. Less interventions generally results in less savings from RetroDUR programs. For example:

FFY07 RetroDUR Savings =	\$0.23 million
FFY06 RetroDUR Savings =	\$0.06 million
FFY05 RetroDUR Savings =	\$1.61 million
FFY04 RetroDUR Savings =	\$2.30 million.

**D. Describe any policies used to encourage the use of therapeutically equivalent generic drugs. Include relevant documentation, if available, as ATTACHMENT 5.**

*See Attachment 5 for specific descriptions & relevant documentation.*

The State of Indiana has a mandatory generic substitution statute. Indiana regulation was also added to require prior authorization for prescriptions written as “Brand Medically Necessary” when generic substitution is possible.

**E. Describe DUR Board involvement in the DUR education program (e.g., newsletters, continuing education, etc). Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face to face visits, increased monitoring).**

- The DUR Board sets the types and quantities of DUR interventions. OMPP has contracted ACS to conduct a minimum of 1,200 prescriber contacts/interventions spread over the course of the year, or about 300 prescriber contacts per quarter.
- Provider bulletins and DUR Board Newsletters, that notify and educate prescribers and pharmacists on specific topics associated with the ProDUR and RetroDUR programs, are reviewed and approved by OMPP and the DUR Board.
- There are no established policies to determine mix of patient or provider specific intervention types. However, Indiana required ACS to perform monitoring of claims, to present RetroDUR criteria on cost containment and to perform at least 3600 RetroDUR interventions to prescribers about specific patients’ drug therapy problems or cost containment issues during the year. RetroDUR interventions were performed either by IBM (calls or faxes to prescribers) or Standard RetroDUR (mail letters to prescribers).

ATTACHMENT 4 -- continued –

*Attachment 4.3 contains meeting minutes highlighting DUR Board involvement in DUR education.*

*Attachment 4.4 contains DUR Board Newsletters.*

## INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2007

### Attachment 4.1 PROSPECTIVE DUR CRITERIA CHANGES

#### CHANGES WERE FROM OVERRIDES TO PRIOR AUTHORIZATION (PA) REQUIRED

- \* Implementation Dates
- Pro-DUR Criteria Requiring PA

#### The DUR Board Has Adopted ProDUR Criteria Changes Listed Below by Problem Type

##### INAPPROPRIATE DOSE (HIGH DOSE)

1. **^^•All Drugs containing acetaminophen, except** < 3grams/day for <10 days\*(July 2006) - (Changed to hard non-overridable edit except by PA only)
2. \_\_\_\_\_
3. \_\_\_\_\_

##### THERAPEUTIC DUPLICATION

1. **•Thera.Dup.** See Table 1.B for Drug List \*(7/22/03) - Changed to soft overridable edit in June 2004)
2. **•Thera.Dup. Certain Mental Health Drugs where > 2 Rxs require PA.** \*(1/1/2007)
3. \_\_\_\_\_

##### DRUG ALLERGY INTERACTION

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

##### INAPPROPRIATE DURATION

1. **•Early Refill** \* (7/1/02)
2. **•34-Day Supply for Non-Maintenance** \*(7/1/02)
3. \_\_\_\_\_

##### DRUG/ DRUG INTERACTIONS

1. **•DD Severity Level 1** \* (1/15/03)
2. \_\_\_\_\_
3. \_\_\_\_\_

##### DRUG DISEASE CONTRAINDICATION

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

##### UNDERUTILIZATION

(specify)

1. Xanthines, ACE Inhibitors, Oral Hypoglycemics, Anti-Convulsants\*(before 1999)
2. \_\_\_\_\_
3. \_\_\_\_\_

##### OTHER

##### DOSE OPTIMIZATION

(specify)

1. **^^•Certain Mental Health Drugs where quantity limits are reviewed.** \*(6/19/ 2007)
2. \_\_\_\_\_
3. \_\_\_\_\_

##### OTHER

##### GENERIC APPROPRIATENESS

(specify)

1. **•Brand Medically Necessary Indication** \*(8/20/01)
2. \_\_\_\_\_
3. \_\_\_\_\_

## INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2007

### Attachment 4.2 RETRODUR CRITERIA CHANGES (& ADDITIONS)

#### INAPPROPRIATE DOSE (HIGH DOSE)

1. NONE
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

#### THERAPEUTIC DUPLICATION

1. NONE
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

#### OVERUTILIZATION

1. Overutilization of Triptans
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

#### INAPPROPRIATE DURATION

1. NONE
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### DRUG / DRUG INTERACTION

1. Concurrent use of SSRI/SNRI and Triptans
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### DRUG / DISEASE CONTRAINDICATION

1. NONE
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### OTHER: DOSE OPTIMIZATION

##### SPECIFY

1. NONE
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### OTHER: THERAPEUTIC APPROPRIATENESS

##### SPECIFY

1. Cost Effective Therapy I-cardiovascular
2. Cost Effective Therapy II-diabetic
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### OTHER: GENERIC APPROPRIATENESS

##### SPECIFY

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

FOR EACH PROBLEM TYPE, LIST (DRUGS / DRUG CATEGORY / DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN-DEPTH REVIEWS. PLEASE INDICATE WITH AN ASTERICK THOSE FOR WHICH CRITERIA WERE ADOPTED.

INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2007

**ATTACHMENT 4.3**

**INDIANA DUR BOARD CONDENSED MEETING MINUTES**

**October 2006 – December 2006**

**FFY 2007 DUR Board Members**

Philip N. Eskew, Jr., M.D.	Chairperson
Marko A. Mychaskiw, R.Ph., Ph.D.	Vice Chairperson
Neil Irick, M.D.	
Terry Lindstrom, Ph.D.	
Brian W. Musial, R.Ph.	
Vicki F. Perry	
Thomas A. Smith, P.D., M.S., FASCP	
Patricia A. Treadwell, M.D.	
John J. Wernert, M.D.	
G. Thomas Wilson, R.Ph., J.D.	

**October 20, 2006**

**In attendance:**

<b>Philip Eskew, M.D.—Chair</b>	<b>Marko A. Mychaskiw, R.Ph., Ph.D. —Vice Chair</b>
<b>Brian Musial, R.Ph.</b>	<b>Thomas A. Smith, P.D., M.S., F.A.S.C.P.</b>
<b>Terry Lindstrom, Ph.D.</b>	<b>Neil Irick, M.D.</b>
<b>Patricia Treadwell, M.D.</b>	

**Also Present:**

Marc Shirley, R.Ph.—OMPP  
Mike Sharp, R.Ph.—Pharmacy Consultant, OMPP  
George Parker, M.D.—Medical Director, Division of Mental Health and Addictions  
Kelly Henderson—Director of Pharmacy, MDwise  
Chris Johnson—Director of Pharmacy, Harmony  
Olusegun Ishmael, M.D., Molina  
Dan Alday, R.Ph.—ACS

**MEETING CALLED TO ORDER:** Dr. Philip Eskew, Chair, called the 118<sup>th</sup> meeting of the Indiana Medicaid DUR Board to order and welcomed everyone.

**APPROVAL OF MINUTES:** Minutes from the August 18<sup>th</sup> and September 16<sup>th</sup> DUR Board meetings were approved unanimously as is.

**REMARKS FROM THE CHAIR:** Dr. Eskew thanked Dr. Mychaskiw for chairing the previous two meetings in his absence. Dr. Eskew informed the Board that this would be Dr. Irick's last meeting as he was moving out of state. He noted that Dr. Irick had been on the Board since the inception, 118 meetings ago. He thanked Dr. Irick for his work and the insight that he brought the Board. Dr. Irick stated that he had enjoyed working on the Board. He felt that the Board had worked well with the Office to ensure that the quality and cost-effectiveness were achieved while maintaining optimum patient care.

ATTACHMENT 4.3 --continued--

Dr. Eskew also wanted to bring to the Office's attention two new vaccines that were approved within the last few months. One of the vaccines is for herpes zoster. The other is an HPV vaccine for use in young women. He noted that while the vaccines may be expensive, the medical benefits are phenomenal. He requested that Medicaid review these as a possible benefit.

**OPENING COMMENTS:** Mr. Shirley, on behalf of OMPP, thanked Dr. Irick for all of his hard work over the years. He noted that Dr. Irick's input and personality will be greatly missed. He stated that he will forward Dr. Eskew's comments regarding the new vaccines to the medical policy contractor and the managed care organizations. Mr. Shirley informed the Board members that they will receive two items in the mail soon. One item is the draft of the 5<sup>th</sup> PDL report. He stated that Dr. Michelle Laster-Bradley will present the report at the November meeting. The second item is a copy of Anthem's formulary submission. Anthem is the new managed care organization that will be joining Indiana Medicaid in January. Mr. Shirley noted that several issues will be presented at the November Board; therefore, it is important to have a quorum present. If anyone is unable to attend the meeting, please let the Office know as soon as possible.

**MENTAL HEALTH QUALITY ADVISORY COMMITTEE (MHQAC) CLINICAL REPORT:** Dr. George Parker gave the Board an overview of previous activities presented by the MHQAC. He then updated the Board on two changes proposed by the clinical subcommittee of the MHQAC. The Committee proposed a hard edit that would post when a recipient is receiving three or more antidepressants at one time (excluding trazodone) and when a recipient is receiving three or more benzodiazepines. The clinical subcommittee also reviewed its list of questions that other agencies are to use in determining whether to grant authorization for particular practices. They concluded that only three of the original five questions are necessary.

- 1) Is the medication being prescribed for a DSM-IV diagnosis?
- 2) Is a psychiatrist prescribing at least one of the medications that triggered the edit?
- 3) Is a cross-taper or a taper planned for one of the medications?

If the answer to all three questions is yes, then the prior authorization is granted. If the answer is no, the request will not be granted, and the call can be referred to the medical director or another authority within the agency. It was also noted that January 1<sup>st</sup> is the implementation date of the category 1 edits. It was moved, seconded, and carried with a unanimous vote to approve these changes,

**CNS PROJECT UPDATE:** Dr. George Parker gave an overview of the CNS project. It is currently under review by Medicaid to determine whether it should be continued or not. Therefore, Dr. Parker believed it would be appropriate to give the Board some background. CNS, Comprehensive NeuroSciences, provides analysis of Medicaid's pharmacy claims database to establish prescribing patterns by practitioners. Based on this analysis, it identifies outlier claims which are recognized as prescribing practices that are not generally supported by current evidence. All outlier claims for each practitioner are summed, and the top 600 are sent an educational mailing. Dr. Parker presented several graphs that illustrated the

#### ATTACHMENT 4.3 --continued—

improvement of prescribing patterns among the practitioners from 100 to 600. He stated that many of the prescribers in the Top 100 were psychiatrists, who are treating the most difficult patients. This may explain their perceived lack of adherence to “typical” prescribing guidelines.

The project has been running for over 2 years and has improved over time by introducing new indicators and procedures. Dr. Lindstrom asked about the interventions and whether the same foundational information will go into edits currently under development by the MHQAC. Dr. Parker stated that some of the QAC edits, category 3, could be modeled after CNS interventions. Dr. Irick stated that his wife had received one of the interventions on her patients. When she pursued in calling the pharmacy, they denied filling the claims. Mr. Musial responded by stating that the claims were most likely filled by different pharmacies; therefore, the pharmacy she called would not have knowledge of prescriptions filled at other pharmacies.

**ACS UPDATE:** Mr. Alday presented the PA statistics from September. He noted that the call center had received several requests for drug-drug interactions. He stated that it was due to First Databank adding a level one interaction between oral extended-release potassium products and anticholinergics. Mr. Alday presented a proposed Board newsletter on heart failure. Dr. Lindstrom noted that a title was needed for Table 1. With that change, it was moved and seconded to approve the newsletter. The motion passed unanimously. Mr. Alday then presented two proposed RetroDUR interventions. One was overutilization of triptans without a preventative medication on board. The other intervention involved patients receiving a triptan along with an SSRI or SNRI. This particular combination was issued a recent FDA Advisory warning of possible Serotonin Syndrome. It was moved and seconded to approve both interventions. The motion passed unanimously.

#### **MANAGED CARE ORGANIZATION UPDATE:**

Kelly Henderson, Pharmacy Director with MDwise, presented the proposed changes to their PDL:

- Additions to the PDL with no clinical edits:
  - Focalin XR®
- Additions to the PDL with clinical edits
  - Chantix®—step edit – second line: claims history of prior appropriate use of nicotine replacement therapy AND Bupropion (unless contraindicated)

It was moved and seconded to approve the changes. The motion passed with five ayes and one abstention.

Chris Johnson, Pharmacy Director with Harmony, presented the proposed changes to their PDL:

- Additions to the PDL with no clinical edits
  - Avelox®
  - Avodart®

- Claritin-D® OTC

ATTACHMENT 4.3 --continued--

- Gladase®
  - Gladase-C®
  - Triam-A®
- Additions to the PDL with clinical edits
- Procrit®- DER- reserved for treating anemia in one of the following medical circumstances:
    - Chronic Renal Failure
    - Zidovudine therapy in HIV-infected patients
    - Chemotherapy in cancer patients
    - Reduction of allogenic blood transfusion in surgery patients
  - Fluconazole tablets 100mg & 200mg- QL- 14 days supply per 30 days
- Deletions from PDL
- Aranesp®
  - Carbinoxamine antihistamine products, including carbinoxamine maleate and carbinoxamine tannate
  - Bromfed®/Bromfed-PD®
  - Biohist LA/PSE CPM/Kronafed-A Jr
  - Dallerger Drops/Dechlorphen Syrup
  - Questran®/ Questran® Light

It was moved and seconded to approve the changes. The motion passed with five ayes and one abstention.

Dr. Olusegun Ishmael, Medical Director with Molina, asked for clarification about what should occur on November 1<sup>st</sup> in terms of the mental health medications. Mr. Shirley responded that the understanding is, on November 1<sup>st</sup>, the formulary restrictions for mental health drugs will be lifted. In addition, any existing utilization edits will be allowed to remain in place until the uniform edits from the MHQAC are implemented on January 1. If there are any questions, on the part of the MCOs, how that should be handled administratively, the individual MCOs should check with the managed care staff at OMPP for further guidance.

**NEW DRUGS:** None

**LIAISONS WITH OTHER BOARD:** None

**PUBLIC COMMENT:** None

**OLD BUSINESS:** None

**NEW BUSINESS:**

**MEETING ADJOURNED.**

ATTACHMENT 4.3 --continued--

**November 2006**

**APPROVAL OF MINUTES:** Dr. Eskew asked for approval of the minutes from the October 20<sup>th</sup> meeting. It was moved, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** Dr. Eskew did not have any opening remarks.

**OPENING COMMENTS:** Marc Shirley, OMPP, noted that two members had moved recently and were no longer on the Board. Thus, the Office was looking for potential replacement candidates. Mr. Shirley also responded to a request from last month's meeting regarding coverage of the new vaccines for HBV and herpes zoster. He stated that the Medical Policy contractor, Healthcare Excel, will be reviewing their status and will make a recommendation to the Office after their review. Mr. Shirley asked the MCO representatives if they had reviewed the vaccines. Kelly Henderson, with MDwise, stated that it was still in committee review. She anticipated they will cover the vaccines.

**PRESENTATION OF DRAFT OF THE 5<sup>th</sup> PDL REPORT-ACS:** Michelle Laster-Bradley, Health Outcomes Scientist from ACS, presented the draft of the 5th report on the evaluation of the Indiana Medicaid Preferred Drug List based on the time period October 2005 through March 2006. Dr. Laster-Bradley provided a brief outline and gave some historical information concerning the success of the PDL in preceding years.

**A) The Objectives of the Study**

- (1) To evaluate any increase(s) in Medicaid physician, laboratory, or hospital cost associated with the PDL resulting in cost shifting
  - (a) No statistically significant changes in medical expenditures were observed at 6, 12, 31, 37 & 43 months after PDL implementation. (p-value=0.001)
  - (b) Therapeutic classes with sample sizes large enough to draw statistically valid conclusions were studied
- (2) To assess recipients' access to medications
  - (a) No statistical significance in terms of evidence demonstrating impediment of access related to the PDL (about 0.13% of recipients did not obtain their medications due to any number of factors, e.g., sampling)
  - (b) Patient non-adherence was cited as an issue. It was noted that medical costs for a non-adherent patient was significantly higher when compared to adherent patients.
- (3) To report the number of times a PA was requested, approved, or disapproved comparing numbers from previous six months
  - (a) There was a decrease in the number of denials
  - (b) Recommend review of PA criteria and processes
- (4) To report the cost of administering the program and to report the associated savings
  - (a) Expenditures for administering the program to calculate net savings was examined
  - (b) Supplemental rebate program was factored in

ATTACHMENT 4.3 --continued--

**The Results of the Study:**

**Savings minus Rebate Changes minus Cost to Administer Study**

- (1) Year One: Savings were estimated at \$7.78 million
- (2) Year Two: Savings were estimated at an additional \$175,000
- (3) Year Three: Savings were estimated at an additional \$7.33 mil + \$16.41 mil = \$23.74 million (net CMS & Supplemental rebates)
- (4) First 6 months of Year Four: Savings were estimated at an additional \$9.86 million (net CMS & Supplemental rebates)
- (4) Total savings over a 3.5 year period: \$41.38 million

**Recommendations for Improvement**

- (1) Limit the number of preferred agents in each therapeutic class to increase supplemental rebate opportunities—re-evaluate therapeutic classes for opportunities to further increase the market share of clinically equivalent, less expensive alternatives within the class.
- (2) Continue supplemental rebates to augment savings of PDL program
- (3) Explore opportunities to remove or change therapeutic classes that are not currently reviewed, new, or are AAAX to PDL
- (4) Explore areas to control costs within the AAAX category of drugs
  - a. 31% of total drug spend in Year 1; 35.2% Year 2; 30.6% 1st 6 mo Yr 3
  - b. 38.9% 1st 6 mo Yr 4
- (5) Consider further 'Fail First' PA Processes – Limit Loopholes

Dr. Laster-Bradley noted that ACS was working with OMPP to refine the format of the report for its next iteration. The goal is to provide a more streamlined presentation that presents the findings concisely.

There were some comments over wording issues in the Report. After discussion, the DUR Board requested the following changes to be made:

- *The DUR Board requested to change the word “tightening” of prior authorization criteria, to “re-evaluation” of existing criteria and a “re-focus” of the procedures (page 25).*
- *The Board requested to remove the phrase “potentially harmful to recipients” from the second bullet point (page 25).*

It was moved and seconded to approve the report with the above noted changes. The motion passed with six ayes and one nay.

**THERAPEUTICS COMMITTEE LIAISON REPORT:** Dan Alday, Clinical Account Manager from ACS, presented the Therapeutics Committee's recommendations from their November 3<sup>rd</sup> meeting. He stated that, as always, the three primary drivers behind those recommendations were clinical implications, drug costs, and total program costs. The Committee had reviewed seven therapeutic classes and had recommended a review of the Medicaid Rule on the limit imposed upon

ATTACHMENT 4.3 --continued--

smoking cessation agents. The Committee offered the following recommendations. The Board discussed and acted on each class individually.

➤ **CNS & Others:**

- Antiemetics - no changes were recommended
  - Add Zofran solution for injection to the PDL
  - Move Anzemet solution for injection to Non-PDL
- Brand Name Narcotics
  - Add Oxycontin® to the PDL (products 40mg or less limited to 120 tablets per 25 days; greater than 40mg limited to 60 tablets per 25 days)
  - Move oxycodone ER to non-PDL (products 40mg or less limited to 120 tablets per 25 days; greater than 40mg limited to 60 tablets per 25 days)
  - Move Opana® ER to Non-PDL
  - Move Opana® to Non-PDL
  - Move Alcet® to Non-PDL
  - Move Avinza® to Non-PDL
  - Move Lynox® to Non-PDL
- COX-2 Inhibitors - no changes were recommended
- NSAID/PPI Combination - no changes were recommended
- Skeletal Muscle Relaxants - no changes were recommended
- Smoking Deterrent Agents
  - Add Chantix® to the PDL (limit of 12 weeks of treatment per 365 days)

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded, that the recommendation for the CNS and Others class be approved. The motion passed with four ayes and two abstentions.

**Recommendation on Smoking Cessation Therapy:** At the November Therapeutics Committee meeting, the Smoking Cessation Agents were scheduled for clinical review. During the review, the current limitation of 12 weeks of therapy per 365 days was questioned. It was learned that the current limitation is a matter of Medicaid rule (administrative law). The Therapeutics Committee forwarded a recommendation to the DUR Board requesting a review of the rule. The DUR Board made a motion to recommend that the Medical Policy Contractor, Healthcare Excel, review the current rule/policy that limits smoking cessation therapy to 12 weeks per 365 days. The recommendation was based on a recent article in the *CDC's Morbidity and Mortality Weekly Report* which encourages states to cover two courses of smoking cessation treatment per year. The motion passed unanimously.

➤ **Dermatologics**

- Acne Agents - no changes were recommended
- Antipsoriatic Agents

ATTACHMENT 4.3 --continued--

- Move Taclonex® to Non-PDL (step edit – must fail calcipotriene; limit of 4 weeks of treatment)

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded to approve the recommendations of the Dermatologics class. The motion passed with four ayes and two abstentions.

➤ **Endocrine**

- Antidiabetic Agents
  - Remove step edit for Avandamet®
  - Remove step edit for Actoplus Met®
  - Change step edit for glyburide/metformin- must fail metformin or a sulfonylurea
  - Change step edit for glipizide/metformin- must fail metformin or a sulfonylurea
  - Change Avandaryl® step edit- must fail rosiglitazone or a sulfonylurea
  - Move Duetact® to Non-PDL (step edit – must fail pioglitazone or a sulfonylurea)
  - Move Glumetza® to non-PDL
  - Move Fortamet® to non-PDL
- Bone Resorption Suppression Agents
  - Add Actonel® 5mg, 30mg and 35mg to the PDL (remove current step edit)
  - Change step edit for Boniva® to: must fail Fosamax® or Actonel®
- Glitazones - no changes were recommended
- Forteo - no changes were recommended
- Injectable Hypoglycemics –
  - Add Humulin® R to the PDL (vials only)
  - Add Humulin® L to the PDL (vials only)
  - Add Humulin® N to the PDL (vials only)
  - Add Humulin® U to the PDL (vials only)
  - Add Humulin® 50/50 to the PDL (vials only)
  - Add Humulin® 70/30 to the PDL (vials only)
  - Add Humalog® to the PDL (vials only)
  - Add Humalog® Mix 75/25 to the PDL (vials only)
  - Add Humalog® Mix 50/50 to the PDL (vials only)
  - Add Novolin® R to the PDL (vials only)
  - Add Novolin® L to the PDL (vials only)
  - Add Novolin® N to the PDL (vials only)
  - Add Novolin® 70/30 to the PDL (vials only)
  - Add Novolog® to the PDL (vials only)
  - Add Novolog® Mix 70/30 to the PDL (vials only)
  - Add Relion® R to the PDL (vials only)

ATTACHMENT 4.3 --continued--

- Add Relion® N to the PDL (vials only)
- Add Relion® 70/30 to the PDL (vials only)
- Add Lantus® to the PDL (vials only)
- Move all prefilled pens, prefilled innolets, prefilled syringes and prefilled cartridges of the above to Non-PDL
- Move Apidra® to Non-PDL
- Move Levemir® to Non-PDL
- Add Byetta® to the PDL - step edit - must currently be taking metformin and/or a sulfonylurea (or combo including such)
- Add Symlin® to the PDL – step edit - must currently be on mealtime insulin therapy (note that mealtime insulins include Apidra®, Humalog®, Novolog®, Humulin® R, Novolin® R, Relion® R and Exubera®)

**Public Comment:** Dr. Robert Calder, Merck, spoke on behalf of Fosamax®. He stated that the product would be off patent in 15 months, and felt that it would be better to have less agents available in that class.

**Board Discussion:** The Board asked that Exubera® be considered to be included in an upcoming review.

**Board Action:** It was moved and seconded to approve the recommendations in the Endocrine class. The motion passed with four ayes and two abstentions.

➤ **Gastrointestinal**

- Proton Pump Inhibitors
  - Move generic omeprazole to Non-PDL
  - Move Zegerid® to Non-PDL
- H2 Receptor Antagonists
  - Move ranitidine capsules to Non-PDL
- H. pylori Agents – no changes were recommended

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded to approve the recommendations of the Gastrointestinal class. The motion passed with four ayes and two abstentions.

➤ **Genitourinary**

- BPH Agents
  - Move Proscar® to Non-PDL
  - Move Cardura® XL to Non-PDL
  - Add generic finasteride 5mg to the PDL
- Urinary Tract Antispasmodics – no changes were recommended

ATTACHMENT 4.3 --continued--

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded to approve the recommendations of the Genitourinary class. The motion passed with four ayes and two abstentions.

➤ **Hematological**

- Hematinics and Other – no changes were recommended
- Heparin and Related Products – no changes were recommended
- Leukocyte Stimulants – no changes were recommended
- Platelet Aggregation Inhibitors
  - Move generic clopidogrel to Non-PDL

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded to approve the recommendations of the Hematological class. The motion passed with four ayes and two abstentions.

➤ **Topical Agents**

- Eye Antihistamines/Mast Cell Stabilizers
  - Move generic ketotifen to Non-PDL
  - Move Elestat® to Non-PDL
  - Add Optivar® to the PDL
- Glaucoma Agents
  - Remove Pilocar® from the PDL document
- Topical Estrogen Agents – no changes were recommended
- Wound Care Products
  - Move Allander® to Non-PDL
  - Move Allanfil® to Non-PDL
  - Move Allanzyme® to Non-PDL
  - Move Optase® to Non-PDL
    - Add quantity limit to above agents – one manufacturer's standard package per month
    - Maximum prior approval length for non-PDL debridement products – 3 months

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded to approve the recommendations of the Topical Agents class. The motion passed unanimously.

ATTACHMENT 4.3 --continued--

**ACS UPDATE:** Mr. Alday presented the Prior Authorization statistics for October. He noted that Synagis requests were up due to the start of the Synagis season. Mr. Smith asked if ACS had reviewed literature to determine if the PPI step edit is still a valid recommendation. Mr. Alday responded that ACS had reviewed the step edit requiring failure of an H2 and felt that the step edit was still appropriate.

**MANAGED CARE ORGANIZATION UPDATE:** Winnie Yang, Pharmacy Director with Anthem, presented Anthem's proposed PDL. Each Board member had received a copy of the formulary prior to the meeting.

Anthem's formulary is determined by their National Pharmacy & Therapeutics Committee. It is comprised of two subcommittees:

- Clinical Review Committee (CRC)
  - Assigns *clinical designations* determined through review of current guidelines and treatment criteria (from sources such as major medical publications, professional journals, medical specialists, product package inserts, etc.).
  - CRC may assign one of three clinical designations:
    1. Clinically superior
    2. Comparable
    3. Uncertain Therapeutic Value
- Value Assessment Committee (VAC)
  - Meets *after* the CRC has established the clinical foundation and rationale.
  - *Must take into account the CRC's clinical designations* to recommend drugs for the Drug List/Formulary.
  - Determines *tier assignments*, or coverage levels, based on designations assigned by the CRC, as well as financial data (AWP, rebates, ingredient cost, cost of care, copayments, and coinsurance), market factors, and customer impact.

The following were also discussed:

- General Policy
- Drug utilization evaluation clinical edit program
- Mandatory generic policy
  - Excludes narrow therapeutic index drugs
  - Not required for mental health drugs if medically necessary
- Prescription refill policy
  - 75% days supply consumed
  - Vacation override allowed
- Provisional drug supply management
  - 72 hrs supply available, up to 96 hrs supply during extended holiday periods
  - Mental health medications allow up to 7 days supply

In reviewing the formulary, Mr. Smith stated that the State of Indiana does not use the term "narrow therapeutic index." In addition, he noted that the acetaminophen limit of

---

ATTACHMENT 4.3 --continued--

4 grams per day was above the current limit of 3 grams per day that is enforced in the fee-for-service (FFS) program. Also, the beta agonist limit of 2 inhalers per month was less than the limit of 3 inhalers per month allowed in the FFS program. Pemoline was listed, although, it is no longer available on the market. Furthermore, diphenhydramine was incorrectly listed as a barbiturate. Dr. Lindstrom pointed out several notations of step therapy that did not have a clear explanation. He felt that this could potentially cause prescriber confusion and suggested that the notations be more clearly defined. It was asked whether there was a way to restrict suspected abusers to one pharmacy. Dr. Yang said that at this time, the system did not have that functionality.

It was moved and seconded to approve the formulary. The motion passed with five ayes and one abstention.

**NEW DRUGS:** Dr. Robert Calder, with Merck, gave an overview of Januvia®, a new antidiabetic drug.

**LIAISONS WITH OTHER BOARD:** None

**PUBLIC COMMENT:** None

**OLD BUSINESS:** None

**NEW BUSINESS:** None

**MEETING ADJOURNED.**

### **December 2006**

**APPROVAL OF MINUTES:** Dr. Eskew asked for approval of the minutes from the November 17<sup>th</sup> meeting. Mr. Smith recommended one change to the aforementioned minutes. In the voting on the Anthem formulary, it stated five ayes and one nay. He noted that it should have been five ayes and one abstention. With that change it was moved to approve, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** Dr. Eskew informed the Board of the need for a new appointee to the Therapeutics Committee. Dr. Matthew Smith had moved recently. Consequently, a replacement (pediatrician) will be necessary. Dr. Eskew asked the Board to forward any recommended candidates to Mr. Shirley.

**OPENING COMMENTS:** Marc Shirley, OMPP, followed up regarding Dr. Eskew's comment, noting that CVs of those interested in the open Committee position will be provided to the Board.

**ELECTION OF CHAIR, VICE CHAIR FOR CY 2007:** Dr. Mychaskiw was nominated and seconded for Chair. It was moved and seconded to close nominations. Dr. Mychaskiw was elected unanimously. Dr. Eskew was nominated and seconded for Vice Chair. Dr. Eskew

ATTACHMENT 4.3 --continued--

was elected unanimously.

**ACS UPDATE:** Mr. Alday presented the Prior Authorization statistics for November. He noted that there were no marked changes from the previous month. Mr. Alday also presented to the Board two Retro-DUR interventions. Both interventions involved combination products where the single combination entity was more cost-effective than the two separate ingredients. It was moved and seconded to approve the interventions. The motion passed unanimously.

**MANAGED CARE ORGANIZATION UPDATE:** None

**NEW DRUGS:** Mr. Smith noted a couple of new products that would be forthcoming in the near future. Acomplia, a cannabinoid receptor antagonist, indicated for obesity. In addition, several new dosage forms of existing drugs are currently in testing, such as Staccato, an inhaled fentanyl, and inhaled versions of loxapine, perphenazine and alprazolam. New dosage strengths of doxepin are also in testing for use at bedtime specifically for the elderly.

**LIAISONS WITH OTHER BOARD:** None

**PUBLIC COMMENT:** None

**OLD BUSINESS:** Mr. Smith wished to explain his abstention vote on last month's motion to approve Anthem's formulary. He stated that several concerns were expressed over the formulary, notably, the acetaminophen dosages and beta-agonist limits; however, there was no commitment that suggested changes would be implemented. Dr. Eskew responded that many times extensive reports are received, such as a new formulary, but there is inadequate time to review, discuss issues and corrections, and vote on the report at subsequent meetings. Mr. Shirley asked OMPP managed care pharmacy liaison Emily Hancock to relay these concerns to the managed care representatives and follow-up with the Board at the January meeting. Mr. Musial thanked Dr. Eskew for his service as Board Chair for the year.

**NEW BUSINESS:** None

**MEETING ADJOURNED.**

**January 2007 – September 2007**

**2007 DUR Board Members**

Marko A. Mychaskiw, R.Ph., Ph.D.	Chairperson
Philip N. Eskew, Jr., M.D.	Vice Chairperson
Terry Lindstrom, Ph.D.	
Brian W. Musial, R.Ph.	
Vicki F. Perry	
Thomas A. Smith, P.D., M.S., FASCP	
Patricia A. Treadwell, M.D.	
John J. Wernert, M.D.	
G. Thomas Wilson, R.Ph., J.D.	

ATTACHMENT 4.3 --continued—

**January 2007**

**APPROVAL OF MINUTES:** Dr. Mychaskiw asked for approval of the minutes from the December 15<sup>th</sup> meeting. It was moved, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** Dr. Mychaskiw thanked OMPP for the opportunity to serve on the Board and thanked the other Board members for asking him to serve as Chair for the year.

**OPENING COMMENTS:** Marc Shirley, OMPP, provided an update on the activities of the Mental Health Quality Advisory Committee (MHQAC). He noted that as of October 31, 2006, the Managed Care Organizations had lifted their formulary restrictions on mental health drugs but retained the utilization edits (i.e. drug interactions, frequency of refills, dose optimization). The MHQAC is currently reviewing the utilization edits which will lead to the development of a consistent set of the aforementioned utilization edits. These edits will be utilized by all of the MCOs as well as the fee-for-service program. The Committee will be finalizing the edits in February and the edits will be presented to the Board at the Board's March meeting. Mr. Shirley also noted that the policy concerning how new drugs are treated is being reviewed, and process changes will be coming to the Board in the upcoming months for the Board's consideration. Mr. Shirley reminded the Board that the annual review of the MCO formularies will take place at the April Board meeting. The Board will receive an electronic copy of the pertinent information two weeks prior to the meeting.

**ACS UPDATE:** Mr. Alday presented the Prior Authorization statistics for December. He noted that there were no marked changes from the previous month. Ms. Perry asked for clarification on the early refill rule. Mr. Alday stated that 75% of the previously filled days supply must have elapsed prior to the next refill of the prescription. Mr. Alday also presented a proposed newsletter on the topic of drug-drug interactions. He noted that the fourth quarter utilization numbers will be added to the newsletter prior to distribution. It was moved to approve the newsletter, seconded, and carried with a unanimous vote. Ms. Perry asked whether tracking generic utilization was worthwhile to determine if there were any opportunities to increase generic utilization. Mr. Musial asked Mr. Alday if he could provide utilization trending for 2006. Mr. Alday stated he would research the data and provide the statistics for the February meeting.

**MANAGED CARE ORGANIZATION UPDATE:**

Kelly Henderson, Pharmacy Director with MDwise, presented the proposed changes to their PDL:

Additions to the PDL with no clinical edits:

- Avandaryl®
- Requip®

Changes to or additions of clinical edits

- clarithromycin suspension—no step therapy requirement

Additions to the PDL with clinical edits

- Exjade®—PA – first-line: Desferal®

ATTACHMENT 4.3 --continued--

- Tamiflu®—PA – confirmation of influenza diagnosis via in-office flu testing (Quickvue or other)

It was moved and seconded to approve the changes. The motion passed unanimously.

**NEW DRUGS:** None.

**LIAISONS WITH OTHER BOARD:** None

**PUBLIC COMMENT:** None

**OLD BUSINESS:** Emily Hancock, OMPP managed care pharmacy liaison, followed up with the Board from the previous month's meeting regarding the need for additional review time regarding proposed MCO changes. She noted that after speaking with Mr. Smith, he clarified that the actual request was to have more affirmative discussions during voting. Ms. Hancock relayed the information to the appropriate MCO contacts. Ms. Hancock also stated that the limit on acetaminophen and beta-agonist inhalers will be readdressed with Anthem. The matters will then be brought before the Board.

**NEW BUSINESS:** None

**MEETING ADJOURNED.**

**February 2007**

**APPROVAL OF MINUTES:** Mr. Musial asked for approval of the minutes from the January 19th meeting. It was moved, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** Mr. Musial offered condolences to Dr. Mychaskiw and his family.

**OPENING COMMENTS:** Marc Shirley, OMPP, informed the Board that Dr. Carol Otte would present utilization edit recommendations from the Quality Advisory Committee at the March meeting. Mr. Shirley also reminded the Board that the annual comparative review of the PDL/formularies will be in April. All Board members will receive an electronic copy of the report. Anyone who wishes to receive a hardcopy by mail should notify Mr. Shirley.

**MENTAL HEALTH QUALITY ADVISORY COMMITTEE (MHQAC) CLINICAL REPORT:** Dr. George Parker provided the Board an update on the activities of the clinical subcommittee of the Quality Advisory Committee (QAC). The subcommittee made recommendations for seven new Category 1 edits:

- Three or more anticonvulsant/mood stabilizers-excluding neurologists from the edit
- Three or more prescribers of anxiolytics/sedative hypnotics
- Low dose atypical antipsychotics (age 18-64)

ATTACHMENT 4.3 --continued--

- Five or more of any behavioral health drug prescribed continuously over a 45-day period unless prescribed by a psychiatrist
- Two or more atypical antipsychotics prescribed continuously over a 45-day period unless prescribed by a psychiatrist
- Two or more sedative-hypnotics
- Two or more SSRI or SNRI antidepressants excluding bupropion and mirtazapine

The technical subcommittee has completed an initial review. The subcommittee will provide feedback to the QAC regarding the feasibility of the edits. Mr. Smith asked if the edits requiring prescriptions from a psychiatrist will also apply to psychiatric nurse practitioners. Dr. Parker stated that it has not been discussed officially, but he would raise this issue at the next meeting. Dr. Wernert expressed concern that there may not be enough supervision occurring when one psychiatrist is monitoring 20 psychiatric nurse practitioners. Mr. Smith suggested that when a pharmacist calls a prescriber's office concerning an edit, he or she may be instructed to rewrite the prescription under the psychiatrist's license number. This would circumvent the ultimate goal of the QAC. Dr. Parker also discussed a 15-day fill for new prescriptions with an automatic second 15-day fill. The intent of this policy would be to prevent loss from discontinuation of medication due to lack of efficacy, side effects, or just the patient deciding not to take it. Mr. Musial noted possible transportation issues with patients unable to arrange for routine trips to the pharmacy. Dr. Parker will forward the concern to the QAC.

**THERAPEUTICS COMMITTEE LIAISON REPORT:** Dan Alday, ACS, presented the Therapeutics Committee's recommendations from their February 2nd meeting. He stated that, as always, the three primary drivers behind the recommendations were clinical benefits, drug costs, and total program costs. At this meeting, the T Committee reviewed five therapeutic groupings. The Committee offered the following recommendations. The Board discussed and acted on each class individually.

► **Respiratory:**

- Beta agonists
  - Add Proair® HFA to the PDL with a quantity limit of 3 canisters per month for ages 18 and younger and 2 canisters per month for ages 19 and over
  - Remove Tonalate and Prometa from the PDL document; maintain the PDL status of the other agents
- Leukotriene inhibitors - no changes were recommended
- Non-sedating antihistamines
  - Move Allegra® suspension to Non-PDL
- Nasal preparations
  - Remove the following discontinued products from the PDL document- Tri-Nasal, Beconase, Vancenase, Vancenase AQ, Vancenase AQ DS, Nasacort, Nasalide, and Rhinocort;
  - Maintain the PDL status of the other agents
- Orally inhaled corticosteroids
  - Remove the following discontinued products from the PDL document-Vanceril, Vanceril DS, and Beclovent;

ATTACHMENT 4.3 --continued—

- Maintain the PDL status of the other agents
  - Agents used to treat COPD - no changes were recommended
  - Beta agonist/corticosteroid combination (Advair®)
    - Add Advair HFA (45/21mcg, 115/21mcg, 230/21mcg) to the PDL. Step edit for the 230/21mcg- must fail Advair HFA 45/21mcg or 115/21mcg or Flovent HFA within the last 30 days ;

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded to accept all recommendations from the Therapeutics Committee for the Respiratory class. The motion passed unanimously.

- ▶ Anti-infectives
  - Anti-herpetic agents - no changes were recommended
  - Anti-viral (influenza) agents - no changes were recommended
  - Third-generation cephalosporins - no changes were recommended
  - Fluoroquinolones - no changes were recommended
  - Macrolides
    - Add azithromycin suspension to the PDL
    - Move Zithromax® suspension to Non-PDL
  - Ketolides - no changes were recommended
  - Ophthalmic antibiotics - no changes were recommended
  - Otic antibiotics - no changes were recommended
  - Systemic antifungals
    - Move Noxafil® to Non-PDL; with the following PA criteria- Patient must have failed therapy with fluconazole for treatment of oropharyngeal candidiasis or Patient must be severely immunocompromised and need prophylaxis against invasive Aspergillus or Candida infections. Approval length – 1 year
  - Topical antifungals
    - Move Xolegel to Non-PDL
  - Vaginal antimicrobials
    - Add metronidazole vaginal gel to the PDL

**Public Comment:** None

**Board Discussion:** Dr. Lindstrom questioned whether an agent could be Non-PDL and have specific prior authorization criteria. After a quick review of the statutes, and the notation that the Non-PDL agents require a prior authorization anyway, it was determined that to be acceptable.

**Board Action:** It was moved and seconded to accept all recommendations from the Therapeutics Committee for the Anti-infectives class. The motion passed unanimously.

### ATTACHMENT 4.3 --continued--

#### ► Cardiovascular

- ACE-Inhibitors - no changes were recommended
- ACE-Inhibitor/calcium channel blocker combinations - no changes were recommended
- ACE-Inhibitor/diuretic combinations - no changes were recommended
- ARBs - no changes were recommended
- ARBs/diuretic combinations - no changes were recommended
- Beta blockers
  - Add metoprolol succinate to the PDL (Toprol XL to remain PDL also)
  - Add Coreg® CR to the PDL with a quantity limit of 1 tablet per day, and step edit- must be on an ACE or an ARB
  - change quantity limit on plain Coreg® IR to 2 tablets per day
  - Add metoprolol succinate to the PDL (Toprol XL to remain PDL also)
  - Add Coreg® CR to the PDL with a quantity limit of 1 tablet per day, and step edit- must be on an ACE or an ARB
  - change quantity limit on plain Coreg® IR to 2 tablets per day
- Calcium channel blockers- no changes were recommended
- Calcium channel blocker/lipotropic (Caduet®)- no changes were recommended
- Inspra® - no changes were recommended

**Public Comment:** None

**Board Discussion:** Dr. Wernert asked for clarification on Toprol XL status. Mr. Alday stated the generic is currently available only in the 25mg strength. Once the 50mg and 75mg strengths are available, the status will once again be reviewed. Mr. Musial asked for clarification of the Coreg step edit. Mr. Alday responded that the step requires concurrent therapy with an ACE or an ARB.

**Board Action:** It was moved and seconded to accept all recommendations from the Therapeutics Committee for the Cardiovascular class. The motion passed unanimously.

#### ► Lipotropics

- Bile acid sequestrants
  - Add colestipol granules for suspension to the PDL
- Fibric acids - no changes were recommended
- HMG CoA Reductase Inhibitors (Statins)
  - warfarin and Ranexa® were added to the list of clinically significant drug-drug interaction with statin-type cholesterol-lowering agents- this list is used for the approval of pravastatin
  - maintain the PDL status of the other agents
- Other lipotropics
  - Add Advicor® 1000/40mg to the PDL

**Public Comment:** None

**Board Discussion:** None

ATTACHMENT 4.3 --continued--

**Board Action:** It was moved and seconded to accept all recommendations from the Therapeutics Committee for the Lipotropics class. The motion passed unanimously.

- ▶ Triptans - no changes were recommended

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded to accept all recommendations from the Therapeutics Committee for the Triptans class. The motion passed unanimously.

- ▶ Antidiabetic Agents
  - Change the step edit on Avandaryl and Duetact to- must fail a thiazolidinedione or a sulfonylurea
  - Januvia and Exubera will be added to the May review

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded to accept the recommendations from the Therapeutics Committee for the Antidiabetic Agents. The motion passed unanimously.

**ACS UPDATE:** Mr. Alday presented the Prior Authorization statistics for January. He noted that the new QAC edits accounted for approximately 500 requests. Of these requests, the majority were for short-term authorizations (less than 45 days) that would allow the prescriber to taper his or her patient from one of the agents. There were a few suspended PA requests that, Mr. Alday explained, were instances where the call center was awaiting additional information from the prescriber's office in order to make a determination. Mr. Alday also noted that there were 130 requests for the Injectable Hypoglycemic class that went into effect in January. Mr. Alday also provided generic utilization numbers that were requested at the January meeting. The generic dispensing rate, which is the percentage of generics dispensed compared to the whole, is 67.75%. This represents a 7% increase over the previous year. The generic substitution rate, which is the percentage of generics dispensed of those prescriptions that were able to be substituted, is 99.82%. In comparison, the average generic dispensing rate of Medicare D plans is approximately 60%, and standard third party payers is approximately 55%.

**MANAGED CARE ORGANIZATION UPDATE:**

Dave Testerman, Pharmacy Director with MHS, presented the proposed changes to their PDL:

- ▶ Additions to the PDL with no clinical edits:
  - Atripla®

ATTACHMENT 4.3 --continued--

- Lyrica®
- Implanon®
- Changes to or additions of clinical edits:
  - Accolate®--ST-current Rx for ICS+beta-agonist in past 45 days; QLL-60 tablets
  - test strips (One Touch® & Freestyle®)--QLL- 100 test strips
  - isotretinoin—QLL- 60 capsules; AGE<22years old; QLL-20 weeks of treatment; ST-failure of topical and/or oral antibiotics
  - Advair® 500/50—ST-failure Advair® 100/50, 250/50 within past 30 days
  - Avita®—AGE<22years old
  - Azmacort®—QLL-2 canisters
  - Benicar®/ Benicar® HCT—ST-prior use of an ACE
  - benzoyl peroxide comb., Benzaclin®/Benzamycin®—AGE<22 years old
  - Celebrex® 100mg & 200mg—ST-use ibuprofen, naproxen, etodolac, nabumetone, sulindac, diclofenac, piroxicam; QLL-30 capsules
  - Celebrex® 400mg—ST-use ibuprofen, naproxen, etodolac, nabumetone, sulindac, diclofenac, piroxicam; QLL-14 capsules
  - cimetidine—QLL-60 tablets
  - Cleocin® Pediatric 75mg/5ml—QLL-100ml; 1 bottle per 30 days
  - Coreg®—QLL-90 tablets; ST-concurrent use of an ACE or ARB
  - Cozaar®—ST-prior use of an ACE
  - DDAVP® tablets—QLL-10 tablets; PRN use only
  - Detrol® LA—ST-failure of oxybutynin
  - Diovan®/Diovan® HCT—ST-prior use of an ACE
  - fluconazole 50mg—QLL-3 tablets
  - fluconazole suspension 10mg/ml—AGE<4 years old
  - fluconazole suspension 40mg/ml —PA- use griseofulvin, ketoconazole
  - hydrocodone (all forms)—limit 1500mg/day limit
  - hydrocodone/APAP combo—3000mg APAP/day limit
  - ketorolac tablets—QLL-10 tablets; limit to a 5 day supply
  - ketorolac tromethamine oph solution—ST-trial of cromolyn 4%
  - levofloxacin—QLL-14 tablets
  - lodoxamide(Alomide®)—ST-trial of cromolyn 4%
  - methadone—QLL-120 tablets
  - polyethylene glycol/Miralax®—QLL-527gm
  - mupirocin—QLL-22gm
  - nabumetone—QLL-60 tablets
  - nizatidine—QLL-60 capsules
  - Pulmicort® respules—QLL-2 boxes; 1 box=60ml
  - Pulmicort® inhaler—QLL-1 inhaler; ST-Flovent or QVAR in past 90 days
  - ranitidine—QLL- 60 tablets
  - Serevent®—QLL-1 inhaler; ST-current Rx for ICS in past 45 days
  - Zaditor®—ST- trial and failure of both naphazoline and cromolyn
  - Zyrtec® syrup—QLL- 300ml

ATTACHMENT 4.3 --continued--

Mr. Smith asked whether there were any limits on Suboxone® or Subutex®. Mr. Testerman stated that the agents were on the PDL and that specific criteria exist for the usage of the aforementioned. Mr. Smith also asked about Lyrica® being added with no clinical edits and if there was concern that prescribers would utilize Lyrica® for mood stabilization, in addition to neuropathic pain. Mr. Testerman said it was included on the list of behavioral health medications which requires it to be added with no edits.

It was moved and seconded to approve the changes. The motion passed unanimously.

**NEW DRUGS:** Mr. Smith said that Acomplia® approval would be delayed another 3 months, and it may now be approved to treat type 2 diabetes as well as metabolic syndrome.

**LIAISONS WITH OTHER BOARD:** Mr. Smith relayed the Therapeutics Committee's request to combine therapeutic classes on the PDL. The Board was reminded of the significant consideration that had been given in the past to the definition of therapeutic classes. There was concern expressed that this action, if undertaken, could lead to contraction of the PDL which would likely prove to be non-beneficial. No action was taken.

**PUBLIC COMMENT:** None

**OLD BUSINESS:** None

**NEW BUSINESS:** None

**MEETING ADJOURNED.**

### **March 2007**

**APPROVAL OF MINUTES:** Dr. Mychaskiw asked for approval of the minutes from the February 16th meeting. It was moved, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** None.

**OPENING COMMENTS:** Marc Shirley, OMPP, reminded the Board they will be reviewing the managed care formularies at the April 20th meeting. The Board members will receive their copies of the document in advance, allowing them to conduct a comprehensive review.

**APPROVAL OF IMPLEMENTATION OF UTILIZATION EDITS:** Dr. Carol Ott presented the Mental Health Quality Advisory Committee (MHQAC) Utilization Edits. The edits included behavioral health medications, such as cross-indicated medications, antipsychotics, antidepressants and stimulant medications. The development of the list required a coordination of efforts among all parties involved.

Dr. Wernert asked if there was any discussion or debate about any of these edits. Dr. Ott stated they discussed using FDA approved maximum dosages versus clinical dosages that

ATTACHMENT 4.3 --continued--

were supported by clinical literature. For example, they discussed clinical trials that used dosages that exceeded the maximum dose. The Board members have a copy of these edits, and the MHQAC will review these edits quarterly.

Dr. Mychaskiw asked for approval of the edits. It was moved, seconded, and carried with a unanimous vote.

**ACS UPDATE:** Mr. Alday presented the Prior Authorization statistics for February. He noted that the MHQAC edits that went into effect in January had a significant drop from the previous month. Mr. Alday anticipates this trend will continue and eventually stabilize.

Dr. Lindstrom noted that drug-drug severity level ones had increased this year. Mr. Alday observed that a recently added interaction involving solid dosage forms of potassium chloride and anticholinergics. Anticholinergics reduce GI motility, allowing potassium to potentially cause GI irritation. He will work with the call center to determine if any new interactions had been added.

Mr. Alday announced he had accepted another position at ACS and this would be his last Board meeting. He introduced Bryan Brown who will now serve as Clinical Manager. Dr. Mychaskiw thanked Mr. Alday for his service and good efforts.

**MANAGED CARE ORGANIZATION UPDATE:** None.

**NEW DRUGS:** None.

**LIAISONS WITH OTHER BOARD:** None

**PUBLIC COMMENT:** None

**OLD BUSINESS:** Dr. Eskew asked about the status of including progesterone information in the newsletter. He wanted to make sure the educational material went out to the practicing physician, as this is an opportunity to decrease cost by using progesterone for prevention of pre-term births. He observed that if a premature baby is placed in a neonatal intensive care unit, or if the patient is transported from an outlying hospital, it is a substantial cost.

Mr. Alday stated that since the progesterone products at issue aren't reimbursable by Indiana Medicaid, the matter should receive further review before inclusion in the newsletter. Mr. Shirley affirmed that if a drug is not available from a rebating labeler, Medicaid cannot cover it. And, that there is a state statute that prohibits the use of state funds for products for which federal money is not available. Mr. Sharp commented that ingredients in a compound are reimbursable, if they are marketed by a rebating labeler. ACS will work with OMPP to determine if progesterone products are available from rebating labelers.

This item will be placed on the April agenda under old business.

ATTACHMENT 4.3 --continued--

**NEW BUSINESS:** None

**MEETING ADJOURNED.**

**April 2007**

**APPROVAL OF MINUTES:** Dr. Mychaskiw asked for approval of the minutes from the March 16th meeting. It was moved, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** None.

**OPENING COMMENTS:** Marc Shirley, OMPP, reminded the Board they will be reviewing the DUR Annual Report, which will be submitted to the Centers for Medicaid and Medicare Services, at the May 25th meeting. For the June meeting, the board will review the Preferred Drug List Report. The Board will receive hard copies of both reports by mail on May 11th and June 1st, respectively.

In addition, Marc Shirley introduced the new Medicaid Director, Dr. Jeffrey Wells. He is a graduate of Indiana University and he has an MBA from Indiana University School of Business. Mr. Shirley welcomed Dr. Wells to the meeting.

**ACS UPDATE:** Mr. Brown presented the Prior Authorization (PA) statistics for March. The Call Center continues to receive requests to switch patients on both an anticholinergic and the solid form of potassium chloride to the liquid form of potassium chloride, avoiding a potential drug-drug interaction.

Dr. Smith noted the PAs for early refills and the non-sedating antihistamines had increased. Mr. Brown stated that the early refills can be traced to prescribers either increasing the dosing frequency or the medication strength. As far the non-sedating histamines, the increase is attributable to a seasonal response.

Mr. Brown summarized the contents of the Indiana Medicaid Drug Utilization Review Board Newsletter on the "Treatment of Hypertension: A Review". The article gives an overview of the epidemiology and economic impact of hypertension, as well as therapy—life-style changes and drug therapy. Dr. Lindstrom requested that in the future, the Board be able to review the entire draft of the newsletter, which would include the statistics on the last page. Dr. Mychaskiw asked for approval of the newsletter. It was moved, seconded, and carried with a unanimous vote.

**MANAGED CARE ORGANIZATION UPDATE:** Emily Hancock, OMPP, reported on the annual review of MCOs' prescription drug programs (reference IC 12-15-35-49). She outlined the five parts of the report. Dr. Lindstrom asked why the specialist rating is lower than average for the adults surveyed in the Patient and Provider Satisfaction Report for MDWise. Ms. Hancock will provide a response from MDWise at the next Board meeting.

ATTACHMENT 4.3 --continued—

Dr. Lindstrom pointed out that the Pharmacy-Related Grievance Data Report indicates MHS did not have any grievances while MDWise had 59. Ms. Hancock explained that the collaborative group who prepared the report discovered the incidences documented by MDWise did not meet the definition of “grievance” specified by the NCQA and the Indiana State Department of Insurance. However, they met the definition of “grievance” specified by the Code of Federal Regulations. To allow for consistency in reporting, the type of incidents documented by MDWise will be included in next year’s report.

Dr. Mychaskiw asked for approval of the report. It was moved, seconded, and carried with a unanimous vote.

- **Proposed PDL Changes—MDWise:** Chris Johnson, Pharmacy Director, sought approval of the proposed additions to/deletions from MDWise’s Preferred Drug List (PDL). Lipitor® 10, 20 and, 40mg, were deleted, while Lipitor® 80mg. was added for those patients who don’t reach goal on simvastatin, pravastatin, and lovastatin. Oxycontin® was added with a PA. MDWise is establishing a pain management consultation for patients on therapy for greater than 6 months. Dr. Mychaskiw asked for approval of the changes. It was moved, seconded, and carried with one abstention.

- **Proposed PDL Changed—Anthem:** Jeannine Murray, Pharmacy Director, summarized the changes to Anthem’s PDL. Of the total changes, only 216 patients of the 94,000 members are impacted. Protonix® was changed to non-preferred and impacts 145 patients. For these patients, Prilosec OTC®, omeprazole, and Prevacid® are covered. In addition, Femtabs™ was moved to non-preferred and impacts 50 patients. These patients will have access to generic multivitamins. Dr. Mychaskiw asked for approval of the changes. It was moved, seconded, and carried with a unanimous vote.

**NEW DRUGS:** None.

**LIAISONS WITH OTHER BOARD:** None.

**PUBLIC COMMENT:** None

**OLD BUSINESS:** Mr. Brown mentioned the dosage forms of progesterone that are available from a rebating labeler, including injection in oil, micronized powder, milled powder, and wetttable microcrystalline powder. The J-code for progesterone injection is J2675. That code is a covered procedure code for Indiana Medicaid.

Dr. Eskew requested that the August newsletter include reference to use of progesterone for the prevention of pre-term birth. The article will contain a list of rebatable progesterones.

ATTACHMENT 4.3 --continued--

**NEW BUSINESS:** None

**MEETING ADJOURNED.**

### **May 2007**

**APPROVAL OF MINUTES:** Dr. Mychaskiw asked for approval of the minutes from the April 20th meeting. It was moved, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** None.

**OPENING COMMENTS:** Mr. Shirley announced that the DUR Board would review the Preferred Drug List Report at the June 15th meeting. The Board will receive hard copies of PDL report via mail by June 1st.

In addition, Mr. Shirley introduced ACS' new Indiana Account Manager, Pinkesh Patel, Pharm.D.

**DUR ANNUAL REPORT:** Dr. Laster-Bradley presented the FFY 2006 DUR Annual Report. The DUR Annual Report describes what the state is doing for its ProDUR and RetroDUR programs. Dr. Laster-Bradley briefly addressed several attachments and tables included in the report, noting the following: Attachment 2 contains ProDUR prior authorization activity; Attachment 3 contains RetroDUR activity; Attachment 4 contains the DUR Board activities for the entire federal fiscal year; Attachment 5 contains information regarding the States generic substitution policy; Attachment 6 is a combination of ProDUR and RetroDUR edits and associated savings from those edits. Dr. Laster-Bradley then referred the Board to page 162 of the report, which listed the estimated savings \$28.1 million. She added that the return on investment was \$3.51 for every dollar spent on the DUR programs, a figure that encompasses both ProDUR and RetroDUR.

Thomas Smith discussed patient counseling – cited on page 22 of the report – and noted the distinction to be made between an offer to counsel and actual counseling, itself.

Mr. Wilson further echoed the same and requested an update to the patient counseling section of the report to reflect the Board of Pharmacy's current laws regarding patient counseling. Dr. Laster-Bradley agreed to update the report in that regard. Mr. Musial suggested that a newsletter be published using information from the report.

A motion was made to approve the DUR Annual Report with the few noted corrections and to approve the drafting of newsletter text reflecting the major points of interest within the Annual Report. The motion was seconded. The motion passed unanimously. It was stated that the Board did not need to see the revised Report prior to the Report being issued to CMS.

ATTACHMENT 4.3 --continued--

**PROPOSED LEVEL ONE EDITS FROM MHQAC:** Dr. Ott presented proposed Category 1 edits that were reviewed by the Mental Health Quality Advisory Committee (MHQAC) and forwarded to the Board for approval. Each board member had been provided with a copy of the proposed edits. Mr. Smith raised a question regarding the definition of “psychiatric consultant”, and questioned the classification of bupropion. He also requested that the MHQAC review the matter of possible screening for metabolic syndrome associated with use of atypical antipsychotics. Chairman Mychaskiw questioned whether or not the adoption of the edits/guidelines might be construed as an endorsement of off-label use. Last, Mr. Musial noted that the low dose/atypicals edit did not specify a cross-taper time frame.

A motion was set forth to table the matter until after the MHQAC had considered the Board’s expressed concerns. It was seconded. Given that the next Board meeting is prior to the June MHQAC meeting, the matter will be re-presented to the Board at the Board’s July meeting.

**THERAPEUTICS COMMITTEE LIAISON REPORT:** Dr Patel presented the Therapeutic Committee’s recommendation from their May 4th meeting. He stated that -as always - the three primary drivers behind those recommendations were clinical implications, drug costs, and total program costs. The committee reviewed seven therapeutic classes and offered the recommendations listed below. The Board discussed and acted on each class individually.

**1. CNS & Others**

- ◇ Antiemetics – Add all ondansetron formulation to the PDL
- ◇ Brand Name Narcotics
  - Move fentanyl 12µg/hour extended release transdermal patch (limit 10 per 30 days) to NPD
  - Move Magnacet to NPD
  - Move fentanyl oral transmucosal to NPD (same PA criteria as Actiq)
  - Move Fentora buccal to NPD (same PA criteria as Actiq)
  - Add Kadian 80mg and 200mg to PDL
- ◇ Cox-2 Inhibitors – Add Celebrex 50mg to PDL ( same PA criteria)
- ◇ NSAID/PPI Combination – No changes were recommended
- ◇ Skeletal Muscle Relaxants – No Changes were recommended
- ◇ Smoking Deterrent Agents – Remove Nicorette DS from the PDL document

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for CNS & Others be approved. The motion passed unanimously.

ATTACHMENT 4.3 --continued--

## 2. Dermatologic Agents

- ◇ Acne Agents – All Preferred and non-preferred acne medication limited to persons 25 years of age and under
- ◇ Add sulfacetamide topical lotion to PDL (age restriction of 25 years of age and under)
- ◇ Move Klaron to NPD (age restriction of 25 years of age and under)
- ◇ Move Ziana to NPD (age restriction of 25 years of age and under)
- ◇ Antipsoriatics – No changes were recommended

**Public Comment:** None

**Board Discussion:** Mr. Smith mentioned that the committee had long discussion regarding the wording about age limits vs. age restriction. It is better understood if the term “age restriction” be used.

**Board Action:** It was moved and seconded that the recommendations for Dermatologic Agents be approved. The motion passed unanimously.

## 3. Endocrine Agents

- ◇ Antidiabetic Agents:
  - Add Januvia to PDL
- ◇ Bone Resorption Suppression Agents – No changes were recommended
- ◇ Glitazones – No changes were recommended
- ◇ Forteo – No changes were recommended
- ◇ Insulin and the injectable Hypoglycemics:
  - Maintain preferred status of Byetta, but changing step-edit to “must currently be taking metformin and/or a sulfonylurea and/or TZD or combo including such
  - Change Exubera status to PDL neutral reviewed

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for Endocrine Agents be approved. The motion passed unanimously.

## 4. Gastrointestinal Agents

- ◇ Proton Pump Inhibitor:
  - ◇ Move Nexium 20mg and 40mg packets for delayed-release suspension to NPD
- ◇ H2 Blockers
  - ◇ Add ranitidine oral syrup to PDL
  - ◇ Move Zantac syrup to NPD
- ◇ H. pylori Agents – No changes were recommended

ATTACHMENT 4.3 --continued--

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for Gastrointestinal Agents be approved. The motion passed unanimously.

**5. Genitourinary Agents**

- ◇ Agents to treat BPH - No changes were recommended
- ◇ Urinary Tract Antispasmodics (UTAs):
- ◇ Add oxybutynin ER to PDL with step-edit (must fail oxybutynin IR)
- ◇ Move Ditropan XL to NPD with step-edit (must fail both oxybutynin IR and oxybutynin ER)

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for Genitourinary Agents be approved. The motion passed unanimously.

**6. Hematologic Agents:**

- ◇ Hematinics – No changes were recommended
- ◇ Heparin and related products: No changes were recommended
- ◇ Leukocyte Stimulants: No changes were recommended
- ◇ Platelet Aggregation Inhibitors: No changes were recommended

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for Hematologic Agents be approved. The motion passed unanimously.

**7. Topical Agents**

- ◇ Eye Antihistamines, Mast Cell stabilizers:
- ◇ Add Alaway to PDL
- ◇ Move Pataday to NPD
- ◇ Glaucoma Agents:
- ◇ Remove Humorsol from PDL
- ◇ Add Travatan Z to PDL
- ◇ Topical Estrogen Agents: No changes recommended
- ◇ Wound Care Products: No changes recommended

ATTACHMENT 4.3 --continued—

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for Topical Agents be approved. The motion passed unanimously.

**8. Proposed therapeutic classes to be added to PDL review process**

- ◇ Hepatitis C Agents
- ◇ Multiple Sclerosis Agents
- ◇ Electrolyte Depletor Agents

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations to add proposed therapeutic classes for the PDL review process be approved. The motion passed unanimously.

**ACS UPDATE:** Dr. Patel presented the Prior Authorization (PA) statistics for the month of April 2007. He informed the Board that the number of PAs received was similar to the number received in March 2007.

**MANAGED CARE ORGANIZATION UPDATE:**

• **Proposed PDL Changed—Anthem:** Jeannine Murray, Pharmacy Director for Anthem, summarized the changes to Anthem's PDL that was sent to the Board. She recommended adding Omacor, Thalitone and Uniphyl, a brand-name drug. She suggested edits be added to ensure safety, effectiveness and appropriate use of Revlimid, Targretin and Thalomid. She also recommended adding quantity limits to one dose per day on Revlimid, Prilosec OTC, and Prevacid. Lastly, she recommended that Toprol XL 25mg be changed to Non-Preferred Drug since a generic version is now available.

Dr. Mychaskiw asked for approval of the formulary changes. It was moved, seconded, and carried with a unanimous vote.

**NEW DRUGS:** None.

**LIAISONS WITH OTHER BOARD:** None.

**PUBLIC COMMENT:** None

ATTACHMENT 4.3 --continued--

**OLD BUSINESS:** None

**NEW BUSINESS:** None

**MEETING ADJOURNED.**

**June 2007**

**APPROVAL OF MINUTES:** Dr. Mychaskiw asked for approval of the minutes from the May 25th meeting. It was moved, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** None.

**OPENING COMMENTS:** Mr. Shirley informed the Board members that it might be difficult to find parking in the foreseeable future due to construction. He said that the Board could use the provided form for parking compensation. Mr. Shirley also mentioned that the latest CMS DUR Annual Report and the PDL studies are posted on the Indiana Medicaid website.

**6th PDL REPORT:** Dr. Michelle Laster-Bradley presented the evaluation of the Indiana Medicaid Preferred Drug List (PDL) program. A report is presented to the Board biannually and this iteration is the 6th report since PDL implementation in 2002. It was stated that copies of prior reports can be retrieved from the Indiana Medicaid website. The objectives of these reports are to determine if there have been any increases in Medicaid physician, lab or hospital costs, and also to evaluate the impact of the PDL program upon Medicaid patients' ability to obtain their prescription medications. The latest report begins by highlighting the key findings over the past four years of evaluation. It also specifies estimated savings over the past four years, which Dr. Laster-Bradley reported as being \$50.4 million dollars. This figure includes \$26.03 million savings from the federal rebate portion of the PDL program and \$24.37 million from the supplemental rebates portion of the PDL program. After deduction of administrative costs, the State has saved an estimated \$45.7 million over four years. Dr. Laster-Bradley noted that the PDL program has not created any significant access barriers to medically necessary medications. In addition, there were no statistical differences in any of the medical costs as a total, or individual physician visits, laboratory costs, or hospital costs between patients who were affected by the PDL program versus patients who were not affected by the PDL program. She mentioned that there continues to be problems with behavioral health drug expenditures. Behavioral drug expenditures started out comprising 30% of total drug spend and currently account for 40% of the total drug spend. The report specifies that by subjecting these drugs to PDL review, an estimated \$9.2 million per year in additional supplemental rebate savings could be realized.

Dr. Laster-Bradley highlighted an analysis of the period spanning April 1, 2006 to September 30, 2006--which can be found on Page 11--representing for the first time data remaining after removing Medicare Part D patients. The savings from the PDL during this six month period was approximately \$4.18 million, after deducting administrative costs. She also noted that once patients switched to preferred agents, they tended to remain on preferred agents.

### ATTACHMENT 4.3 --continued--

Regarding recommendations to the DUR Board, she mentioned that 29.8 percent of classes have not been reviewed and that behavioral health drug expenditures comprise approximately 40 percent of total drug spend. One recommendation in the report is that the Indiana General Assembly could take action so that behavioral health drugs could be included in the PDL review process. A second recommendation was to tighten the existing prior authorization criteria to make it more rigorous in ensuring that clinically appropriate and fiscally responsible drug therapy is occurring. A third recommendation was to limit the number of preferred agents in any given class. A fourth recommendation was to add anti-inflammatory, ulcerative colitis, and immunomodulatory and immunosuppressive agents to the PDL review process; multiple sclerosis agents, phosphate depleters, and hepatitis C agents were already approved to be added.

**Board Discussion:** Dr. Wernert questioned what does 40 percent of behavioral health drug costs equate to in dollar amount? Ms. Perry mentioned that the report was very well done. She further stated that the Board cannot ignore the fact that mental health agents comprise 40 percent of the total drug spend. Chairman Mychaskiw responded that any modifications to the status of mental health drugs would require statutory change. He wanted to know if the report has a cover letter with a strong endorsement of the recommendations made in the report. Dr. Wernert noted that the Office would have to get behind legislative changes if cost savings were to continue. Mr. Smith requested modification of the wording regarding “access to care”. Chairman Mychaskiw said that he would draft a letter to Dr. Wells regarding the matter of possible legislative changes pertaining to the recommendations contained in the 6th PDL Report.

### **Board Action:**

1. Recommendation to add immunomodulators and ulcerative colitis therapeutic classes was moved and seconded. The motion passed unanimously.
2. It was moved and seconded to approve the 6th PDL Report, with changes as noted. The motion passed unanimously.

**ACS UPDATE:** Dr. Patel presented the prior authorization (PA) statistics for the month of May 2007. It was noted that there was a slight increase in early refills requests.

### **MANAGED CARE ORGANIZATION UPDATE:**

- **Proposed PDL Changes**--David Testerman, Pharmacy Director for Managed Health Services, recommended proposed changes for their preferred drug list. The recommendations were to add fexofenadine, fenofibrate, fentanyl patches, Miralax®, and Avandaryl® to the preferred drug list without clinical edits. Due to inappropriate use of insulin, it will be limited to five vials and pens will be limited to three boxes. Mr. Testerman also proposed placing quantity limits on topical medications due to incidents of excessive use and high quantities. The quantity limits proposed are not intended to be restrictive in nature, but rather simply represent a reasonable 30-day supply.

ATTACHMENT 4.3 --continued--

Dr. Mychaskiw asked for approval of the requested changes. It was moved, seconded, and carried with a unanimous vote.

**NEW DRUGS:** None.

**LIAISONS WITH OTHER BOARD:** None.

**PUBLIC COMMENT:** Mr. Joseph Loftus, Regional Medical Scientist with GlaxoSmithKline, provided the Board with information regarding an FDA alert pertaining to Avandia®. The safety data from the controlled clinical trial have shown significant increase in risk of heart attack and heart-related deaths. However, he mentioned that there are other published and unpublished long-term clinical trials providing contradictory evidence about the cardiovascular risk in patients taking rosiglitazone. He mentioned that an advisory committee has been put together to evaluate both the agents in this class.

**OLD BUSINESS:** Chairman Mychaskiw mentioned that the Board, by statute, appoints members of the Therapeutics Committee. A motion was put forth to reappoint Drs. Poulos and Shaw, and William Malloy and Bruce Hancock. The motion was seconded and approved unanimously.

**NEW BUSINESS:** Chairman Mychaskiw requested that the Board select a candidate for the open Therapeutics Committee pediatrician position. Dr. Eskew nominated Anne Janay Dick Stump, M.D., FAAP. The motion was seconded by Dr. Wernert. It was passed unanimously. Mr. Shirley said he would let the reappointed members and new member know of the Board's action in this regard.

**MEETING ADJOURNED.**

### **July 2007**

**APPROVAL OF MINUTES:** Dr. Mychaskiw requested to defer approval of the draft minutes of the June Board meeting to the August 2007 meeting since there were not enough Board members present for a quorum.

**REMARKS FROM THE CHAIR:** Dr. Marko Mychaskiw mentioned that his travel plans have changed and he will be present for DUR Board meeting in August.

**OPENING COMMENTS:** None.

**PROPOSED LEVEL ONE EDITS FROM MHQAC:** Dr. George Parker, Medical Director, Division of Mental Health and Addiction, explained proposed level 1 edits that were reviewed by the Mental Health Quality Advisory Committee (MHQAC) in May 2007. He stated that medical literature supports mirtazapine and bupropion being used as augmenting agents for the SSRIs and SNRIs. He pointed out that even though trazodone is an

#### ATTACHMENT 4.3 --continued--

antidepressant, it is primarily used as a sleep medication. He also commented that adding another SSRI or SNRI to an existing drug regimen of SSRIs or SNRIs may not be beneficial. Dr. Parker insisted that switching to an antidepressant with a different mechanism of action is more beneficial than adding a second agent with the same type of mechanism of action.

**Board Discussion:** Dr. John Wernert requested information on mental health utilization edits that were implemented in January 2007 and June 2007. He also mentioned that the “gold card” implementation in Kentucky has been a success and requested the MHQAC to continue to discuss and learn more about the “gold card” program. Chairman Mychaskiw requested that these proposed level one edits be placed on next month’s agenda for approval. Dr. Terry D. Lindstrom requested to know the number of patients that would hit on these newly proposed edits.

**ACS UPDATE:** Dr. Pinkesh Patel presented the prior authorization (PA) statistics for the month of June 2007. He also presented a proposed newsletter entitled “Atypical Antipsychotics: Monitoring the Metabolic Effects”. Mr. Smith commented on Table 1 of the newsletter pointing out that it does not include the new drug, Invega®. Dr. Parker informed the Board that the table is widely disseminated and is well known to most health clinicians.

#### MANAGED CARE ORGANIZATION UPDATE:

Emily Hancock, R.Ph., Office of Medicaid Policy and Planning (OMPP) requested clarification on the process of for approving MCO formulary changes since there was not a Board quorum. Chairman Mychaskiw requested that the proposed changes be presented at next month’s Board meeting.

**NEW DRUGS:** None.

**LIAISONS WITH OTHER BOARD:** None.

**PUBLIC COMMENT:** Mr. Keith Szymanski, Manager with Takeda Pharmaceuticals, provided the Board with information regarding Actos®. The safety data from the controlled clinical trial, PROactive, has shown no statistically significant difference between Actos® and placebo with a three year incidence of a first cardiovascular event. There is no increase of mortality or macrovascular events with Actos®. However, the incidence of serious heart failure was higher in patients treated with Actos®.

**OLD BUSINESS:** Chairman Mychaskiw expressed his desire to not to draft a letter to Dr. Wells regarding the matter of possible legislative changes pertaining to the recommendations contained in the 6th PDL report. He mentioned that the drafting of such a rhetorical letter without any actionable information for a decision maker might not serve much benefit. Dr. Wernert mentioned that with the approval of the 6th PDL report, the Board endorses the recommendation made within the report. Dr. Wernert proposed closure of the discussion related to drafting a letter to Dr. Wells.

ATTACHMENT 4.3 --continued--

**NEW BUSINESS:** Chairman Mychaskiw requested that the Office of Medicaid Policy and Planning (OMPP) make newly-appointed members aware of the importance of attending all Board meetings. He also requested that someone from the State's counsel provide a presentation on the Indiana Open Door Law as well as potential conflict of interest laws. Mr. Shirley responded that he would check with Catherine Rudd regarding such a presentation.

**MEETING ADJOURNED.**

**August 2007**

**APPROVAL OF MINUTES:** Dr. John Wernert asked for approval of the minutes from the June and July meetings. His request was moved, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** Mr. Marc Shirley referenced

**OPENING COMMENTS:** Mr. Marc Shirley informed everyone that this would be Mr. Tom Wilson's last meeting. He thanked Mr. Wilson for his service and wished him the best.

**THERAPEUTICS COMMITTEE LIAISON REPORT:** Mr. Dan Alday presented the Therapeutics Committee's recommendation from their August 3 meeting. He stated that – as always – the three primary drivers behind those recommendations were clinical implications, drug costs, and total program costs. The T-Committee reviewed seven therapeutic classes and the Indiana Medicaid OTC Drug Formulary and offered the recommendations listed below. The Board discussed and acted on each class individually.

**1. Respiratory Agents**

- ◆  $\beta$ -agonist
  - Add Brovana<sup>®</sup> to non-preferred status.
  - Remove Brethine<sup>®</sup> from the PDL document
- ◆ Leukotriene Inhibitors
  - Add Accolate<sup>®</sup> to preferred status with step edit ">18 years of age and must at least have had one of the following medications: methylxanthines, beta-agonists, and/or oral inhaled corticosteroids within the past 6 months."
- ◆ Non-sedating Antihistamines – No changes recommended.
- ◆ Nasal Corticosteroid, Nasal Antihistamines, Nose Preparations, and others
  - Add Veramyst<sup>®</sup> to preferred status.
  - Remove step edits for Nasonex<sup>®</sup> and maintain as preferred status.
- ◆ Oral Corticosteroids
  - Move Pulmicort Flexhaler<sup>®</sup> to non-preferred status with age restriction  $\leq 6$  years of age and a quantity limit of 1 canister/month.
  - Move Pulmicort Turbuhaler<sup>®</sup> to non-preferred status and remove age restriction.
  - Move Aerobid-M<sup>®</sup> to non-preferred status.

ATTACHMENT 4.3 --continued--

- Add Azmacort<sup>®</sup> and Symbicort<sup>®</sup> to preferred status.
- ◆ Agents to treat COPD – No Changes were recommended.

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for respiratory agents be approved. The motion passed unanimously.

## 2. Anti-infective Agents

- ◆ Antiviral (anti-herpetic) Agents – No changes recommended
- ◆ Antiviral (anti-influenza agents)
  - Move Tamiflu<sup>®</sup> to non-preferred status.
- ◆ Cephalosporin (1<sup>st</sup> and 3<sup>rd</sup> generations)
  - Move Omnicef to non-preferred status.
  - Add cefdinir to preferred status.
- ◆ Macrolides – No changes recommended
- ◆ Fluoroquinolones
  - Move Cipro XR and ciprofloxacin ER to non-preferred status with quantity limit of three tablets per prescription and no refills.
  - Remove Maxaquin®, Tequin®, and Zagam® from the PDL document.
- ◆ Ketolides – No changes recommended.
- ◆ Topical antifungals – No changes recommended.
- ◆ Systemic antifungals – No changes recommended.
- ◆ Ophthalmic antibiotics
  - Move Zymar® to non-preferred status with age restriction 30 years of age.
  - Remove Polysporin® and Garamycin® from PDL document.
- ◆ Otic antibiotics – Add Floxin Otic® singles to preferred status.
- ◆ Vaginal anti-microbial – Move Metrogel® to non-preferred status.
- ◆ Hepatitis C Agents – Add Pegasys®, Peg-Intron® Ribavirin, Rebetol® and Copegus® to preferred status.

**Public Comment:** There were two speakers, Mr. Jeff McGinnis and Dr. Virginia Caine. Mr. McGinnis, from Roche Pharmaceuticals, asked the Board not to move Tamiflu status to non-preferred. He mentioned that Tamiflu<sup>®</sup> is the only agent indicated for treatment and prevention. Mr. McGinnis informed everyone that Dr. Caine had been running late but would address the Board later in the meeting. Dr. Crystal Jones with the Marion County Health Department spoke instead of Dr. Caine. She informed the Board that the resistance of influenza A has been seen with amantadine, but not with Tamiflu<sup>®</sup>. It is also effective with influenza B and indicated for one year of age and older. Therefore, she said, it might be worth considering having Tamiflu<sup>®</sup> as a preferred agent. She also mentioned that the best forms of preventing flu would include getting vaccinated and practicing good hand hygiene.

ATTACHMENT 4.3 --continued--

**Board Discussion:** Mr. Smith informed the Board members regarding the discussion around Tamiflu. He also mentioned that the T Committee vote on Tamiflu<sup>®</sup> was split.

**Board Action:** Dr. Treadwell made a motion to approve everything except the anti-viral, influenza class. It was moved and seconded that all recommendations be approved except the anti-viral, influenza class. The motion was approved. After the discussion with Dr. Jones, the Board approved the T Committee's recommendation of moving Tamiflu<sup>®</sup> to non-preferred status. The motion was approved 4 to 2.

### 3. Cardiovascular Agents

- ◆ ACE Inhibitors
  - Add trandolapril to preferred status.
  - Move Altace and Mavik to non-preferred status.
- ◆ ACE / Calcium Channel Blockers
  - Add benazepril / amlodipine to preferred status (with a quantity limit 30 tabs per month).
  - Move Lotrel to non-preferred (maintain quantity limit 30 tabs per month).
- ◆ ACE Inhibitors with diuretics
  - Add moexipril/HCTZ to preferred status.
  - Move Uniretic<sup>®</sup> to non-preferred status.
- ◆ Angiotensin II Receptor Blockers (ARBs)
  - Add Avapro<sup>®</sup> to preferred status with a limit of 1 tablet per day and a step edit – “prior use of ACE Inhibitor.”
- ◆ ARBs with diuretics
  - Add Avalide<sup>®</sup> to preferred status with step edit – “prior use of ACEI”.
- ◆  $\alpha$  -  $\beta$  blockers,  $\beta$ -blockers – No changes recommended
- ◆ Calcium channel blockers (CCBs)
  - Add nimodipine and amlodipine to preferred status.
  - Move Nimotop<sup>®</sup> and Norvasc<sup>®</sup> to non-preferred status .
- ◆ CCBs with HMG COA reductase inhibitors – No changes recommended
- ◆ Aldosterone receptor blockers – No changes recommended

**Public Comment:** Dr. Woodrow Corey, Director of Cardiology at Clarian North, thanked the Board for the opportunity to share his views on Altace<sup>®</sup>. He mentioned that Altace<sup>®</sup> was used in a landmark HOPE trial. It showed that Altace<sup>®</sup> decreased cardiac events in both diabetes and heart failure patients. There have been three other trials to replicate these results using other ACE inhibitors, but have failed.

**Board Discussion:** Dr. Terry D. Lindstrom requested that the ACE Inhibitor, Altace, be discussed separately. Dr. Wernert asked – were Altace to become non-preferred – if patients already on it would require prior authorizations. Mr. Alday suggested grandfathering patients who are already on Altace.

ATTACHMENT 4.3 --continued--

**Board Action:** A motion was placed to approve everything except the ACE Inhibitor class, Altace. It was moved and seconded that all recommendations be approved except the ACE Inhibitor class, Altace®. The motion passed unanimously. After the discussion regarding Altace®, the motion was placed to move Altace® to non-preferred status while grandfathering patients who are already on it. The motion was moved, seconded, and passed 4 to 2.

#### 4. Lipotropic Agents

- ◆ Bile acid sequestrants
  - Move colestipol tablets to non-preferred status.
  - Remove LoCholest® from the PDL document.
- ◆ Fibric acid derivatives – No changes recommended
- ◆ HMG CoA reductase inhibitors
  - Move Altoprev® to non-preferred status.
- ◆ Other Lipotropics
  - Remove Pravigard PAC from the PDL document
  - Maintain preferred status of Zetia® but change the step edit to “patients currently or previously on HMG CoA reductase inhibitor or fenofibrate within the last 180 days may receive Zetia®.

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for lipotropics Agents be approved. The motion passed unanimously.

#### 5. Triptans

- ◆ Triptans
  - Maxalt MLT® and Maxalt PDL status unchanged except quantity limit – 1 box of 12 tabs per month

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for triptans be approved. The motion passed unanimously.

#### 6. Electrolyte Depleter Agents

- ◆ Electrolyte depleter agents
  - Add Phoslo®, Caltrate®, Magnebind®, Magnebind® Rx, Renagel® to preferred status
  - Add Fosrenol® to preferred status with step edit – prior trial of Renagel® within past 90 days or Fosrenol® use within past 180 days

**Public Comment:** None

ATTACHMENT 4.3 --continued--

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for electrolyte depleter agents be approved. The motion passed unanimously.

**7. Multiple Sclerosis Agents**

- ◆ Multiple sclerosis agents
  - Add Copaxone®, Avonex®, Rebif®, Betaseron® to preferred status; Move Tysabri® to non-preferred status.

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for multiple sclerosis agents be approved. The motion passed unanimously.

**8. OTC Drug Formulary**

- ◆ OTC medications – No changes recommended

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations be approved. The motion passed unanimously.

**9. Proposed therapeutic classes to be added to PDL review process**

- a. Ulcerative colitis agents
- b. Chronic constipation
- c. Growth hormone
- d. Narcotic antitussives / 1<sup>st</sup> generation antihistamine combinations
- e. Topical immunomodulators
- f. Direct renin inhibitors (review Feb 2008)

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded to add proposed therapeutic classes to the PDL review process. The motion passed unanimously.

**ACS UPDATE:** Mr. Alday presented the Prior Authorization (PA) statistics for the month of July 2007. There were 1600 PAs entered in the month of August for the MHQAC utilization edits that went into effect on June 19.

ATTACHMENT 4.3 --continued--

**NEWSLETTER:** Mr. Dan Alday presented the “Atypical Antipsychotics: Monitoring the Metabolic Effects” article again. This article was presented to the DUR Board last month. Dr. Treadwell moved to approve the newsletter. It was seconded and the motion passed 5 to 1.

**MANAGED CARE ORGANIZATION UPDATE:**

- Proposed PDL Changes—Anthem: Jeannine Murray, Pharmacy Director for Anthem, summarized the changes for Anthem’s PDL that was sent to the Board. She requested adding Actonel® 75mg, with quantity limit two doses in 28 days. She requested removing clinical edits for Meloxicam®. She also requested that the following products be moved to non-preferred status: Detrol®, Detrol LA®, Oxytrol®, Alupent® inhaler, Lipitor, Diovan, Diovan HCT, Altace, Methadone oral solution, Oxycontin, Ventolin HFA,

Dr. Wernert asked for approval of the formulary changes. It was moved, seconded, and carried with a unanimous vote.

- Proposed PDL Changed—Managed Health Services: Ms. Katasha Butler, a clinical pharmacist from Managed Health Services, summarized the changes for Managed Health Services that were sent to the Board. She requested adding Yaz without any clinical edits. She requested moving Ortho Tri-Cyclen Lo, Ovcon, Femcon, Loestrin, Estrostep Fe, Augmentin ES susp 600mg/5ml to non-preferred status. Lastly, she requested the quantity limits on clarithromycin and Augmentin.

Mr. Musial inquired about the status of patients receiving Ortho Tri-Cyclen Lo. Ms. Butler mentioned that a letter from the T Committee would be sent to inform them of the changes. Dr. Treadwell moved to accept the requested changes and it was seconded. The motion passed unanimously.

**NEW DRUGS:** None.

**LIAISONS WITH OTHER BOARD:** None.

**PUBLIC COMMENT:** None.

**OLD BUSINESS:** The Board had requested to receive data on the proposed new edits from MHQAC. These edits would affect all the programs including managed care. All the organizations – ACS, Anthem, Managed Health Services, and MD Wise – presented estimates of the prior authorization activity that would result if the proposed edits were to be approved.

**NEW BUSINESS:** None

**MEETING ADJOURNED.**

ATTACHMENT 4.3 --continued--

**September 2007**

**APPROVAL OF MINUTES:** Will be deferred to the October meeting along with other business items requiring a Board quorum.

**REMARKS FROM THE CHAIR:** None.

**OPENING COMMENTS--OMPP:** None

**ACS UPDATE:** Mr. Shirley advised that since it was anticipated that there would not be a quorum, ACS had been instructed to attend and present their business items at the October Board meeting.

**MANAGED CARE ORGANIZATION UPDATE:** There were no MCO-related matters upon which the Board could take action. There were no updates provided by MCO pharmacy staff.

**NEW DRUGS:** None.

**LIAISONS WITH OTHER BOARD:** None.

**PUBLIC COMMENT:** A speaker presented information regarding the current market status of Avandia.

**OLD BUSINESS:** None

**NEW BUSINESS:** None

**MEETING ADJOURNED.**

## ATTACHMENT 4.4 DUR BOARD NEWSLETTERS

November 2006, February 2007, May 2007 AND September 2007

### November 2006 Newsletter



**November 2006**

Volume 9 Issue 4

**Inside this Issue**

<b>1</b>	Highlight on Heart Failure
<b>2</b>	Program Assistance and PDL Listing Information
<b>3</b>	Top 25 Drugs for 3Q2006

Indiana Medicaid DUR Board  
Room W382  
Indiana State Gvmt Center, South  
402 West Washington Street  
Indianapolis, Indiana 46204

DUR Board Members:

Philip N. Eskew, Jr., M.D. -Chair  
Marko A. Mychaskiw, R.Ph., Ph.D. -Vice-Chair  
Brian Musial, RPh.  
John J. Wernert, M.D.  
Neil Irick, M.D.  
Terry Lindstrom, Ph.D.  
Vicki F. Perry  
Thomas A. Smith, P.D., M.S.  
G. Thomas Wilson, B.S. Pharm., J.D.  
Patricia Treadwell, M.D.

## Indiana Medicaid Drug Utilization Review Board Newsletter

### Highlight on Heart Failure

Heart failure (HF) affects almost five million Americans and 400,000 to 700,000 new cases are being diagnosed annually. The incidence and prevalence of heart failure continues to rise, despite recent clinical trials showing that certain drugs may reduce the morbidity and mortality associated with heart failure. This trend is expected to continue as the population ages and more patients survive myocardial infarctions.<sup>2</sup>

HF is the most common cause of hospitalizations in patients greater than 65 years old and accounts for approximately 300,000 deaths per year. It also accounts for a large amount of health care expenditures costing approximately \$20 to 40 billion each year, which does not include indirect costs due to lost productivity.<sup>1,3</sup> Nearly 70% of the economic burden of HF is due to hospitalization and up to two-thirds of these hospitalizations may be preventable.<sup>1,4-6</sup>

Studies have shown that angiotensin converting enzyme (ACE) inhibitors decrease morbidity and mortality in patients with heart failure. All patients with left-ventricular dysfunction heart failure should be given an ACE inhibitor at a therapeutic dose unless particular contraindications are present.<sup>1,3</sup> See Table 1 for ACE inhibitor dosing. Contraindications for ACE inhibitors include:

- angioedema
- anuric renal failure
- pregnancy

Physicians are often reluctant to use, or either use subtherapeutic doses of ACE inhibitors because of potential side effects including hypotension, cough or worsening renal function. ACE inhibitors should be used with caution in the following cases:

- very low blood pressure
- markedly increased serum creatinine (>3.0 mg/dL)
- bilateral renal artery stenosis
- elevated potassium levels (>5.5 mmol/L)

Symptomatic hypotension that occurs with initial doses of an ACE inhibitor may not recur with repeated doses. Cough is also a frequent side effect of ACE inhibitors, but because of the long term benefits, patients should be encouraged to continue their use if the cough is not severe.

Unless contraindicated, angiotensin receptor blocker (ARB) therapy should be considered in HF patients who are intolerant to ACE inhibitors. Valsartan (Diovan) has an FDA indication for use in patients with chronic heart failure who are intolerant to the ACE inhibitors. In addition, candesartan (Atacand) is FDA-approved for the treatment of heart failure in patients with left ventricular systolic dysfunction (ejection fraction < or = 40%) to reduce cardiovascular death and to reduce heart failure hospitalizations. The combination of hydralazine and isosorbide dinitrate may also be an option if ACE inhibitors cannot be tolerated.

Beta-blocker use in HF was once thought to be harmful. However, it is now known that the appropriate use of

## ATTACHMENT 4.4 --continued--

November 2006

these agents can substantially decrease HF morbidity and mortality.<sup>8-10</sup> Current practice guidelines recommend the use of beta blockers in all patients with stable HF due to left ventricular dysfunction, unless the use of these medications is contraindicated or not tolerated. Contraindications include:

- Hospitalized in an intensive care unit
- Evidence of fluid overload or severe volume depletion
- Recent requirement for intravenous treatment with positive inotropic agent
- Reactive airways disease requiring inhaled  $\beta$ -adrenergic agonist therapy
- Symptomatic bradycardia or advanced heart block without a pacemaker.

Currently only carvedilol (Coreg®) and metoprolol controlled release (Toprol®) have FDA approval for use in HF. Bisoprolol (Zebeta®) is not yet approved for HF but it has demonstrated efficacy in clinical studies. See Table 2 for recommended dosing for patients with HF.

Aldosterone blockade reduces mortality and morbidity among patients with severe HF. Low dose spironolactone (12.5mg to 25mg/day) should be considered in patients with severe HF (class III or IV), who have been maximized on all other recommended therapies (including ACE inhibitors), and have preserved renal function (serum creatinine less than 2.5mg/dl) and normal potassium concentrations (less than 5mmol/L).<sup>3</sup> Eplerenone (Inspra®), a selective aldosterone blocker, has recently received FDA approval for the treatment of HF post myocardial infarction. The recommended dose is 25 mg daily titrated to 50mg daily preferably within four weeks as tolerated by the patient. Eplerenone is contraindicated in patients with a serum potassium > 5.5 mEq/L at initiation, a creatinine clearance < 30 ml/min and concomitant use of potent CYP3A4 inhibitors (e.g., ketoconazole, itraconazole,

nefazodone, troleandomycin, clarithromycin, ritonavir and nelfinavir).<sup>7</sup>

The effect of certain medications on HF symptoms, progression, and survival is well known.<sup>4-6</sup> However less is known about the factors leading to hospitalization. Numerous factors that may precipitate HF exacerbation have been implicated and often these factors are considered avoidable. Table 3 provides a list of risk factors associated with heart failure exacerbation.

Earlier recognition of symptoms of heart failure exacerbation, improved medication use, and more timely intervention are ways to improve care. Improving the HF patient's understanding of their disease and self-management is key in improving HF outcomes. Patient education should include instruction on compliance with drug regimens, compliance with a low sodium diet to avoid fluid retention, recognition of symptoms and actions to take when symptoms appear, and contacting their healthcare professional when questions and concerns arise.<sup>11</sup>

### References:

1. Consensus recommendations for the management of chronic heart failure. *Am J Cardiol* 1999;83(2A):1A-38A.
2. Konstam MA, Dracup K, Bortoff MB, et al. Evaluation and care of patients with left-ventricular systolic dysfunction. Clinical practice guideline 11. Washington, DC: Agency for Health Care Policy and Research, U.S. Department of Health and Human Services, June 1994. AHCPR Publication No. 94-0612.
3. Hunt SA, Baker DW, Chin MH, et al. ACC/AHA Guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult. The American College of Cardiology and the American Heart Association, 2001. Available from [http://www.acc.org/clinical/guidelines/heart/hf\\_index.htm](http://www.acc.org/clinical/guidelines/heart/hf_index.htm)
4. Tsuyuki RT, McKelvie RS, Arnold MO, et al. Acute precipitants of congestive heart failure exacerbations. *Arch Intern Med* 2001; 161:2337-2342.
5. Haldeman GA, Croft JB, Giles WH, Rashidee A. Hospitalization of patients with heart failure: National Hospital Discharge Survey. *Am Heart J* 1999; 137(2): 352-360.
6. Moser DK, Mann DL. Improving outcomes in heart failure it's not unusual beyond usual care. *Circulation* 2002;105:2810-2812.
7. G.D. Searle LLC. Inspra® prescribing information. NY, NY: 2003 October.
8. MERIT-HF Study Group. Effect of metoprolol CR/XL in chronic heart failure. Metoprolol CR/XL Randomized Intervention Trial in Congestive Heart Failure (MERIT-HF). *Lancet* 1999;353:2001-7.
9. CIBIS-II Investigators and Committees. The Cardiac Insufficiency Bisoprolol Study (CIBIS-II): a randomized trial. *Lancet* 1999;353:9-13.
10. Packer M, Coates AJS, Fowler MB, et al. Effect of carvedilol on survival in severe chronic heart failure. *N Engl J Med* 2001;344(22):1651-1658.
11. Schiffrin GD, et al. Decompensated heart failure: Symptoms, patterns of onset, and contributing factors. *Am J Med* 2003;114:625-630.
12. Goldstein, S. Benefits of  $\beta$ -blocker therapy for heart failure, weighing the evidence. *Arch Intern Med* 2002; 162: 641-648.
13. Drug Facts and Comparisons: Bisoprolol fumarate, carvedilol, metoprolol succinate. Facts and Comparisons 2002 <http://www.factsweb.com> (accessed May 1, 2003)
14. Ghali JK, Kadakia S, Cooper R, Ferlinz J. Precipitating factors leading to decompensation of heart failure. Traits among urban blacks. *Arch Intern Med* 1988; 148: 2013-6.
15. Opasich C, Febo O, Riccardi PG et al. Concomitant factors of decompensation in chronic heart failure. *Am J Cardiol* 1996;78: 354-7.
16. Chin M, Goldman L. Factors contributing to the hospitalization of patients with congestive heart failure. *Am J Public Health* 1997; 87: 643-8.
17. Michalsen A, König G, Thimme W. Preventable causative factors leading to hospital admission with decompensated heart failure [see comments]. *Heart* 1998; 80: 437-41.
18. Jiang W, Alexander J, Christopher E, et al. Relationship of depression to increased risk of mortality and rehospitalization in patients with congestive heart failure. *Arch Intern Med* 2001; 161:1849-1856.
19. Kosiborod M, MD, Smith GL, Radford MJ, Foody JM, Krumholz HM. The prognostic importance of anemia in patients with heart failure. *Am J Med* 2003;114:112-119.
20. Feenstra J, Heerdink RK, Grobbee DE, Stricker BH. Association of nonsteroidal anti-inflammatory drugs with first occurrence of heart failure and with relapsing heart failure. The Rotterdam Study. *Arch Intern Med* 2002;162:265-270.
21. Mosterd A, Hoes AW. Reducing hospitalizations for heart failure (editorial). *European Heart J* June 2002;23(11):842-845.

ATTACHMENT 4.4 --continued--

Indiana Medicaid DUR Board Newsletter

Table 1. ACE Inhibitor Dosing

Drug Name	Target HF Dose Total mg per day*	Administration Regimen
Benazepril (Lotensin)	20 – 40	QD or Divided BID
Captopril (Capoten)	150	Divided TID
Enalapril (Vasotec)	20- 40	Divided BID
Fosinopril (Monopril)	20 – 40	QD
Lisinopril (Zestril, Prinivil)	20 - 40	QD
Moexipril (Univasc)	15 – 30	QD or Divided BID
Perindopril (Aceon)	4 – 8	QD or Divided BID
Quinapril (Accupril)	20 – 40	Divided BID
Ramipril (Altace)	10	Divided BID
Trandolapril (Mavik)	4	QD or Divided BID

\* FDA-labeled regimens. Target doses for HF are associated with morbidity and/or mortality benefits in randomized controlled trials. Titrate slowly over a 2-week period from individually recommended starting doses for each product to the recommended target dose. Lower doses should be utilized if target doses are not tolerated.

Dosing on benazepril, moexipril, perindopril reflect usual dosage range for hypertension (target HF doses on these products are not available).

Table 2. Recommended Doses of  $\beta$ -Blocker for Patients with Chronic Heart Failure<sup>12,13</sup>

$\beta$ -Blocker	Initial Total Daily Dose (mg)*	Maximum Total Daily Dose (mg)	Administration Regimen
Bisoprolol fumarate (Zebeta®, generic)	1.25	10	Once daily
Carvedilol (Coreg®)	6.25	50/100†	Divided twice daily
Metoprolol Succinate, extended release (Toprol XL®)	12.5/25‡	200	Once daily

\* Prior to initiation of therapy, minimize fluid retention and stabilize dosing of ACE inhibitors and digoxin, if used. Dosage should be individualized and closely monitored during titration. Initial doses should be taken for 2 weeks. If tolerated, double the dose at least every 2 weeks to the highest tolerated dose, not to exceed the recommended maximum daily dose.

†Dose of 25 mg twice daily for body weight < 85 kg and 50 mg twice daily for body weight  $\geq$  85 kg

Table 3. Potential Precipitants of Heart Failure Exacerbations<sup>3-4, 11,14-21</sup>

Medication Related	Comorbidities	Other
<ul style="list-style-type: none"> <li>Noncompliance with medications</li> <li>Use of inappropriate medications: <ul style="list-style-type: none"> <li>Antiarrhythmic agents (except amiodarone)</li> <li>Calcium channel blockers (except amlodipine or felodipine)</li> </ul> </li> <li>NSAID use</li> <li>Use of thiazolidinediones (i.e., pioglitazone, rosiglitazone)</li> <li>Underutilization or sub-optimal doses of ACE inhibitors</li> <li>Underutilization of beta blockers</li> <li>Inappropriate reductions in HF medications</li> </ul>	<ul style="list-style-type: none"> <li>Uncontrolled hypertension</li> <li>Depression</li> <li>Myocardial ischemia</li> <li>Arrhythmias (primarily tachyarrhythmias)</li> <li>Cardiomyopathy</li> <li>Miscellaneous non-cardiac disorders (e.g., pulmonary infectious processes)</li> <li>Renal Insufficiency</li> <li>Anemia</li> </ul>	<ul style="list-style-type: none"> <li>New York Heart Association classification III to IV</li> <li>Advanced age</li> <li>Excessive salt intake (greater than 2000-3000mg per day)</li> <li>Noncompliance with diet</li> </ul>

ATTACHMENT 4.4 --continued--

November 2006

## Program Assistance

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

## PDL Listing

The fee-for-service PDL listing may be found at the following website:  
<http://www.indianapbm.com/>

**Top 25 Drugs 3<sup>rd</sup> Quarter 2006  
By Total Amount Paid**

Drug	Total Paid	Total Claims
Risperdal	\$3,599,751	13,730
Antihemophilic Factor	\$3,170,456	96
Zyprexa	\$3,001,615	7,069
Seroquel	\$2,898,184	11,892
Abilify	\$2,650,969	7,099
Novoseven	\$2,072,824	12
Depakote	\$1,665,516	11,420
Insulin	\$1,426,169	13,219
Topamax	\$1,371,319	5,848
Lamictal	\$1,173,317	5,087
Lipitor	\$1,102,247	11,331
Fentanyl	\$1,053,797	3,692
Zoloft	\$1,015,553	11,371
Geodon	\$989,730	3,762
Advair	\$847,467	5,069
Trileptal	\$824,169	4,638
Protonix	\$777,185	6,539
Oxycodone	\$754,438	4,859
Bupropion	\$735,307	7,373
Amphetamine salts	\$735,136	7,814
Effexor	\$722,068	5,506
Methylphenidate	\$703,225	8,396
Zocor	\$692,674	5,635
Plavix	\$691,258	5,773
Lexapro	\$671,600	8,439

**Top 25 Drugs 3<sup>rd</sup> Quarter 2006  
Ranked by Claims Paid**

Drug	Total Claims	Total Paid
Hydrocodone/APAP	43,873	\$347,375
Aspirin	39,956	\$28,069
Docusate	37,945	\$86,496
Acetaminophen	32,394	\$88,103
Alprazolam	31,494	\$314,001
Calcium/Vit D	31,412	\$97,037
Multivitamins	25,440	\$32,180
Loratadine	24,727	\$298,913
Multivitamins with Minerals	21,329	\$51,787
Lorazepam	21,170	\$131,386
Clonazepam	20,969	\$114,118
Albuterol	17,177	\$198,005
Prilosec OTC	16,661	\$452,125
Risperdal	13,730	\$3,599,751
Ferrous Sulfate	13,429	\$13,762
Insulin	13,219	\$1,426,169
Levothyroxine	12,381	\$136,612
Diazepam	11,939	\$224,294
Furosemide	11,911	\$48,825
Seroquel	11,892	\$2,898,184
Depakote	11,420	\$1,665,516
Zoloft	11,371	\$1,015,553
Lipitor	11,331	\$1,102,247
Lisinopril	11,293	\$79,370
Metformin	9,409	\$107,007.77

ATTACHMENT 4.4 --continued--

February 2007 Newsletter

	<h1 style="text-align: center;">Indiana Medicaid Drug Utilization Review Board Newsletter</h1>	
	<p>Volume 10 Issue 1</p>	<p>February 2007</p>
<p><b>Indiana Medicaid DUR Board</b> Room W382 Indiana State Government Center, South 402 West Washington Street Indianapolis, Indiana 46204</p>	<h2 style="text-align: center;">Primer on Drug-Drug Interactions</h2>	
<p><b>DUR Board Members</b></p> <p>Marko A. Mychaskiw, RPh, PhD (Chair) Philip N. Fskew, Jr., MD (Vice Chair) Terry Lindstrom, PhD Brian W. Musial, RPh Vicki F. Perry Thomas A. Smith, PD, MS Patricia A. Treadwell, MD John J. Wernert, MD G. Thomas Wilson, BS Pharm, JD</p>	<p><b>The frequency of drug interactions</b> reported in the literature ranges from 2.2 to 70.3%, and though the contribution of drug-drug interactions to the total occurrence of adverse drug reactions (ADRs) is unknown, an estimated 25% of ADRs are attributed to drug interactions.<sup>1,2</sup> Given the incidence and potential for harm, a review of the basic principles of drug interactions is warranted.</p> <p>Common clinical mistakes of evaluating drug interactions and their significance include the following: relying on personal clinical experience to assess the importance of an interaction, failure to consider the effects of dose or sequence of administration on the outcome of the interaction, failure to anticipate the time course of the interaction, assumption that all members of a medication class will interact in a like manner, assumption that the patient will manifest the same degree of interaction as in the literature, assumption that other health care providers will consider potential interactions before prescribing medications, and failure to appreciate that the discontinuation of a precipitant drug may result in an adverse interaction.<sup>3-5</sup></p> <p>A drug-drug interaction is the phenomenon that occurs when the effects or pharmacokinetics of a medication are altered by prior or concomitant administration of a second medication.<sup>6,7</sup> The object (index) drug is the one whose action is altered by the interaction, and the precipitant (interacting) drug is that which causes the altered action of the object drug.<sup>4,6</sup> Drug-drug interactions are often classified as either pharmacodynamic or pharmacokinetic in nature.<sup>3,5,6</sup> However, interactions may also be pharmaceutic in origin, a result of physical or chemical incompatibility.</p> <p>An interaction is pharmacodynamic when one drug induces a change in the patient's response to a drug without altering the pharmacokinetics of the object drug and may be additive, synergistic, antagonistic, or the result of disturbances in fluid and electrolyte balance.<sup>1,3,5,6</sup> An additive interaction occurs when medications with similar pharmacological effects are given in combination.<sup>2,4</sup> For example, the concomitant administration of aspirin (various) and warfarin (Coumadin<sup>®</sup>) may result in increased bleeding. Synergistic interactions occur when the combination of medications produces more than the expected effects from the addition of the second medication. The addition of furosemide (Lasix<sup>®</sup>) to an aminoglycoside antibiotic results in an increased risk of ototoxicity and nephrotoxicity. In contrast, when medications with opposite actions are given in combination, the effects of one counteract the other, resulting in an antagonistic interaction. For example, when vitamin K is administered with warfarin, the anticoagulant effects of warfarin are offset. Finally, disturbances in fluid and electrolyte balance may result in a pharmacodynamic drug interaction. Consider that a patient taking digoxin (Lanoxin<sup>®</sup>) may experience toxicity if they are hypokalemic, since a decrease in plasma potassium concentrations may result in myocardium sensitivity to digoxin.</p> <p>A pharmacokinetic</p>	
<p><b>Inside this Issue</b></p> <ul style="list-style-type: none"> <li>• Primer on Drug-Drug Interactions</li> <li>• Program Assistance and PDL Listing Information</li> <li>• Top 20 Drugs for 4Q2006</li> </ul>	<p>Continued on Page 2</p>	

ATTACHMENT 4.4 --continued--

PAGE 2

INDIANA MEDICAID DUR BOARD NEWSLETTER

Continued from Page 1

## Primer on Drug-Drug Interactions

drug-drug interaction occurs when one drug alters the rate or extent of absorption, distribution, metabolism, or excretion of another drug.<sup>3,5,6</sup> The small intestines is the primary site of absorption for most orally administered medications; therefore, altered gut motility, pH, drug solubility, metabolism, or mucosa may result in an interaction.<sup>4,5</sup> Protein and receptor binding contribute to interactions from altered distribution.<sup>3-6</sup> Serum proteins (eg, albumin, alpha-acid glycoprotein) act as a transport for medications, carrying them either to the site of action or to an organ of elimination. The binding of drugs to these proteins can change as a result of concomitant drug administration. The potential for drug-drug interactions should be examined for orally administered medications that exhibit high protein binding (>95%), have a narrow therapeutic index, occupy most of the available binding sites at clinically relevant concentrations, have a small volume of distribution, or have a long half-life. The change in the metabolism of one drug by another is considered the cause of more clinically important drug interactions than any other mechanism.<sup>4,5</sup> The cytochrome P450 (CYP450) enzyme system consists of nearly 30 different enzymes and is responsible for the metabolism of many medications.<sup>4,6</sup> Since drugs must be lipid-soluble to cross the lipid plasma membrane to reach receptor sites and produce their systemic effects, the role of drug-metabolizing enzymes is to transform lipid-soluble drugs into more water-soluble metabolites, which facilitates their excretion in the urine and bile. Some medications are capable of increasing these enzymes (induction) and others inhibit the action of the enzymes (inhibition). Enzyme induction results in the acceleration of me-

tabolism and decrease in the duration and magnitude of the pharmacologic response of the object drug. Phenobarbital, phenytoin, and rifampin are common CYP450 inducers. Enzyme inhibition results in an increased plasma concentration and pharmacologic response of a medication. This effect increases the risk of toxicity and adverse effects of the object drug. Common CYP450 inhibitors include cimetidine, erythromycin, fluoxetine, azole antifungals, and grapefruit juice. Interactions may also result from altered excretion.<sup>3-6</sup> The kidney employs glomerular filtration, active tubular secretion, and passive tubular reabsorption to excrete medications and metabolites. The ability to predict which drugs will alter the excretion of other drugs is difficult; therefore, drug-drug interactions of this type are hard to predict.

Several variables may influence the risk of an interaction occurring. Elderly patients are less likely to manifest enzyme induction and are at an increased risk for interactions.<sup>2-4,6</sup> Additionally, they may have chronic diseases and/or decreased organ function. Regardless of age, patients with decreased organ function should be monitored closely in order to prevent drug interactions. Genetic influences are an important factor in the prevention of interactions. Approximately 5 to 10% of patients lack the CYP2C19 or CYP2D6 enzymes. Patients with multiple chronic disease states may have an altered response to various medications, since altered physiology can affect the outcome of the interaction. Alcohol consumption may affect drug metabolism as well, primarily through enzyme induction. Smoking increases the activity of enzymes in the liver, which stimulates metabolism of certain drugs (eg, theophyl-

line). Patients who smoke may require increased doses of these medications to maintain therapeutic serum concentrations. Finally, diet can have the following effects on pharmacokinetics: influence absorption (eg, milk and tetracycline), affect the action of the drug (eg, tyramine-containing foods and monoamine oxidase inhibitors), and affect elimination.

In addition to a careful and comprehensive medication history, the following are factors to consider when interpreting potential drug-drug interactions: time course of the interaction, dosage of the medications, whether the interaction is a class effect, whether the interaction is clinically significant, and the appropriate management of the interaction.<sup>3,4</sup> Several resources are available, which allow clinicians to check for interacting drug ingredients, resultant effects, and potential clinical significance (eg, Drug Interaction Facts™, Drug Interactions Analysis and Management, MICROMEDEX®, Lexi-Interact™).

### References

1. Malone DC, Abarca J, Hansten PD, Grizzle AJ, Armstrong EP, Van Bergen RC, et al. Identification of serious drug-drug interactions: results of the partnership to prevent drug-drug interactions. *J Am Pharm Assoc.* 2004;44:142-51.
2. Hahn J. Drug interactions. *Pharmacy Practice.* 1997;13:53-64.
3. Stockley IH, editor. *Stockley's drug interactions.* 6th ed. Chicago: Pharm Press; 2002.
4. Hansten PD, Horn JT. *Drug interactions analysis and management.* Loose-leaf edition. St. Louis: Wolters Kluwer Health, Inc.; 2004.
5. Hardman JG, Limbird LE, editors. *The pharmacological basis of therapeutics.* 10th ed. New York: McGraw-Hill; 2001.
6. Tatro DS, editor. *Drug interaction facts.* Loose-leaf edition. St. Louis: Wolter Kluwer Health, Inc.; 2004.
7. Jankel CA, Speedie SM. Detecting drug interactions: a review of the literature. *Ann Pharmacother.* 1990;24:982-9.

ATTACHMENT 4.4 --continued--

VOLUME 10 ISSUE 1

PAGE 3

**Top 20 Drugs for 4Q 2006**

Top 20 Drugs 4 <sup>th</sup> Quarter 2006 Ranked by Total Amount Paid			
Drug	Total Paid	Total Claims	Avg Paid/Claim
Risperdal	\$3,619,300	13,783	\$263
Antihemophilic factor	\$3,176,412	109	\$29,141
Seroquel	\$2,936,042	12,088	\$243
Zyprexa	\$2,934,903	6,808	\$431
Abilify	\$2,716,039	7,446	\$365
Depakote	\$1,654,891	11,362	\$146
Insulin	\$1,461,258	12,881	\$113
Novoseven	\$1,447,623	7	\$206,803
Topamax	\$1,441,372	5,819	\$248
Lamictal	\$1,219,363	5,461	\$223
Fentanyl	\$1,079,472	3,631	\$297
Lipitor	\$1,050,549	10,808	\$97
Geodon	\$977,038	3,751	\$260
Sertraline	\$886,212	10,972	\$81
Advair	\$846,952	5,038	\$168
Trileptal	\$813,107	4,514	\$180
Amphetamine salts	\$760,485	8,221	\$93
Methylphenidate	\$759,115	9,094	\$83
Protonix	\$754,176	6,206	\$122
Oxycodone	\$753,310	4,930	\$153

Top 20 Drugs 4 <sup>th</sup> Quarter 2006 Ranked by Claims Paid		
Drug	Total Claims	Total Paid
Hydrocodone/APAP	43,244	\$357,533
Aspirin	39,943	\$27,987
Docusate	38,279	\$87,002
Acetaminophen	32,883	\$90,907
Alprazolam	32,770	\$315,574
Calcium/Vit D	31,184	\$98,110
Multivitamins	25,533	\$32,297
Loratadine	24,210	\$285,498
Lorazepam	21,553	\$131,549
Clonazepam	21,538	\$116,510
Multivitamins with Minerals	21,439	\$50,649
Albuterol	18,989	\$266,782
Prilosec OTC	17,059	\$463,545
Risperdal	13,783	\$3,619,300
Ferrous Sulfate	13,359	\$13,572
Insulin	12,881	\$1,461,258
Levothyroxine	12,182	\$133,991
Diazepam	12,137	\$225,790
Seroquel	12,088	\$2,936,042
Amoxicillin	11,655	\$90,260

**Program Assistance**

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

**PDL Listing**

The fee-for-service PDL listing may be found at the following Web site:  
<http://www.indianapbm.com/>

ATTACHMENT 4.4 --continued--

May 2007 Newsletter



# Indiana Medicaid Drug Utilization Review Board Newsletter

Volume 10 Issue 2

May 2007

Indiana Medicaid DUR Board  
Room W382  
Indiana State Government  
Center, South  
402 West Washington Street  
Indianapolis, Indiana 46204

## DUR Board Members

Marko A. Mychaskiw, RPh, PhD  
(Chair)  
Philip N. Eskew, Jr., MD  
(Vice Chair)  
Terry Lindstrom, PhD  
Brian W. Musial, RPh  
Vicki F. Perry  
Thomas A. Smith, PD, MS  
Patricia A. Treadwell, MD  
John J. Wernert, MD  
G. Thomas Wilson, BS Pharm, JD

## Inside this Issue

- Treatment of Hypertension: A Review
- Program Assistance and PDL Listing Information
- Top 20 Drugs for 1Q2007

## Treatment of Hypertension: A Review

Recent estimates have shown that one in three American adults has high blood pressure. Surprisingly, this condition still remains inadequately managed despite the fact that treatment has been shown to prevent cardiovascular diseases as well as extend and enhance life. Interestingly, nearly one-third of hypertensive Americans are not aware that they have this condition. Hypertension and its complications leads to more physician visits than any other medical condition, costing the U.S. economy more than \$100 billion dollars annually; just a ten percent decline in the number of these visits would save \$478 million dollars each year. Subsequently, hypertension remains an important public health challenge due to associated morbidity, mortality, and high cost to society.<sup>1,4</sup>

Blood pressure is categorized as either normal, pre-, stage 1-, or stage-2 hypertension. Hypertension is usually found incidentally by healthcare professionals and normally produces no symptoms. Though elevated blood pressure alone is not an illness, it often requires treatment due to its short- and long-term effects on many organs. Persistently high blood pressure is a contributing factor to numerous life-threatening conditions, but can be modified by changes in lifestyle and pharmaceutical interventions.<sup>1</sup>

Attention has focused on healthy lifestyle modifications as a treatment regimen because such changes have been shown to reduce blood pressure, enhance antihypertensive drug efficacy, and decrease cardiovascular risk. Factors essential for monitor-

ing include obesity, physical activity, dietary changes, and alcohol consumption. Once blood pressure exceeds treatment goals, drug therapy is initiated; and, while clinical trials have demonstrated comparative efficacy among several classes of antihypertensives, most patients require at least two medications for the treatment of hypertension. The combination of agents from different categories along with healthy lifestyle changes often results in synergistic outcomes.<sup>3,4</sup>

Classes of drugs proven to reduce complications of high blood pressure include the following: angiotension converting enzyme inhibitors (ACE), angiotensin receptor blockers (ARB), beta-blockers (BB), calcium channel blockers (CCB), and thiazide-type diuretics. Among these, thiazide diuretics are recommended as initial therapy for most patients with hypertension either alone or in combination with a drug from another class. Hypertensive patients with coexisting conditions such as diabetes, heart failure, and chronic kidney disease, usually require use of a different medication for first-line therapy.<sup>3</sup> (See Table 1 for classification and management of blood pressure)

Because increased blood pressure is prevalent in most patients with diabetes and chronic kidney disease, these individuals should receive aggressive therapy in order to reach target blood pressure goals. (See Table 2 for treatment of specific conditions) Current guidelines recommend that patients with diabetes and chronic kidney disease keep blood pressure at or below 130/80 mmHg. Therefore, adequate pre-

Continued on Page 2

ATTACHMENT 4.4 --continued--

PAGE 2

INDIANA MEDICAID DUR BOARD NEWSLETTER

Table 1. Classification and management of blood pressure for adults<sup>3</sup>

Blood pressure classification*	Systolic blood pressure (mmHg)**	Diastolic blood pressure (mmHg)**	Lifestyle modification(s) ***	Initial drug therapy without coexisting condition(s) ***	Initial drug therapy with coexisting condition(s)***
Normal	<120	and <80	Encourage	No antihypertensive medication indicated	Medication(s) for coexisting indications
Prehypertension	120-139	or 80-89	Yes		
Stage 1 Hypertension	140-159	or 90-99	Yes	Thiazide-type diuretics for most; may consider an ACE, ARB, BB, CCB, or combination	Medication(s) for coexisting indications; other antihypertensive medications (diuretics, ACE, ARB, BB, CCB) as needed
Stage 2 Hypertension	<sup>3</sup> 160	or <sup>3</sup> 100	Yes	Two-drug combination for most (usually thiazide-type diuretic and ACE or ARB or BB or CCB)	

\*This classification is based on the average of two or more properly measured, seated blood pressure readings on each of two or more office visits.  
\*\*Blood pressure should be kept at or below 130/80 mmHg for patients with diabetes and chronic kidney disease.  
\*\*\*Treatment is determined by highest blood pressure category

Continued from Page 1

scribing of lifestyle modifications, antihypertensive drug doses, or appropriate drug combinations is critical for proper blood pressure control.<sup>3</sup>

Clinical trials have established that effective blood pressure management can be achieved in most patients who are hypertensive. However, patient motivation to maintain a healthy lifestyle and adhere to prescribed drug therapy are imperative for optimal outcomes.<sup>3</sup> The challenge to lower high blood pressure will continue unless productive interventions are identified. Consequently, the National Heart, Lung, and Blood Institute is planning to develop a set of integrated guidelines for reducing the risk for cardiovascular disease. An expert panel will begin working on these guidelines during the year 2007 and it is anticipated that it will take approximately 24 months to develop these new guidelines. Furthermore, these guidelines will cover a range of cardiovascular disease risk factors including high blood pressure, cholesterol, and obesity, and will provide an updated guide to the treatment of hypertension.

Table 2. Comorbidities and drug therapy<sup>3</sup>

Comorbid Condition	Diuretics	BB	ACE	ARB	CCB	Aldosterone Antagonist
Heart Failure	•	•	•	•		•
Post myocardial infarction		•	•			•
High coronary disease risk	•	•	•		•	
Diabetes	•	•	•	•	•	
Chronic kidney disease				•	•	
Recurrent stroke prevention	•			•	•	

\*ACE and BB are recommended in asymptomatic patients with ventricular dysfunction.  
\*\*HTN should be treated initially with BB and ACE in patients with acute MI or unstable angina.  
\*\*\*The American Diabetes Association recommends ACE, BB, and diuretics for initial therapy. In patients with signs of kidney dysfunction, ARB are considered first line options.

References:

- American Heart Association. Available at: <http://www.americanheart.org>. Accessed February 2007.
- Food and Drug Administration. Available at: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>. Accessed February 2007.
- NHLBI. Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7). NIH publication #04-5230. Available at: <http://www.nhlbi.nih.gov/guideline/hypertension/jnc7full.htm>. Accessed February 2007.
- World Health Organization. Available at: [http://www.who.int/cardiovascular\\_diseases/guidelines/hypertension/en/index.html](http://www.who.int/cardiovascular_diseases/guidelines/hypertension/en/index.html). Accessed February 2007.

ATTACHMENT 4.4 --continued--

VOLUME 10 ISSUE 2

PAGE 3

### Program Assistance

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

### PDL Listing

The fee-for-service PDL listing may be found at the following Web site:  
<http://www.indianapbm.com/>

### Top 20 Drugs for 1Q 2007

Top 20 Drugs 1 <sup>st</sup> Quarter 2007 Ranked by Total Amount Paid		
Drug	Total Paid	Total Claims
Risperidone	\$3,682,239.58	13,913
Quetiapine	\$3,053,633.72	12,188
Olanzapine	\$3,009,747.62	6,677
Aripiprazole	\$2,959,519.07	7,654
Antihemophilic factor	\$2,784,074.98	96
Divalproex sodium	\$1,709,510.84	11,296
Topiramate	\$1,482,133.01	5,954
Insulin	\$1,440,562.08	12,814
Lamotrigine	\$1,334,170.81	5,683
Fentanyl	\$1,123,444.74	3,599
Atorvastatin	\$1,069,705.08	10,445
Ziprasidone	\$1,064,103.84	3,818
Oxycodone	\$1,022,530.95	4,689
Fluticasone/salmeterol	\$911,402.58	5,143
Oxcarbazepine	\$909,389.96	4,512
Amphetamine salts	\$878,182.35	8,843
Sertraline	\$855,537.70	10,822
Methylphenidate	\$844,104.12	9,448
Pantoprazole	\$776,559.21	6,337
Duloxetine	\$773,975.14	5,702

Top 20 Drugs 1 <sup>st</sup> Quarter 2007 Ranked by Total Claims Paid		
Drug	Total Claims	Total Paid
Hydrocodone/APAP	44,456	\$373,461.64
Aspirin	38,820	\$30,197.12
Docusate sodium	37,541	\$79,747.53
Alprazolam	32,684	\$316,770.42
Acetaminophen	32,334	\$84,435.55
Calcium/Vit D	30,738	\$70,352.29
Multivitamins	25,374	\$36,015.91
Loratadine	24,187	\$243,006.99
Clonazepam	21,932	\$122,806.44
Lorazepam	20,852	\$127,157.03
Multivitamins with minerals	19,549	\$53,301.36
Albuterol	19,217	\$323,845.53
Omeprazole	18,976	\$530,601.32
Risperidone	13,913	\$3,682,239.58
Amoxicillin	13,465	\$108,322.01
Insulin	12,814	\$1,440,562.08
Levothyroxine	12,633	\$137,901.49
Quetiapine	12,188	\$3,053,633.72
Diazepam	12,100	\$234,664.83
Lisinopril	11,885	\$80,380.25

ATTACHMENT 4.4 --continued--

September 2007 Newsletter

# Indiana Medicaid Drug Utilization Review Board Newsletter

Volume 10 Issue 3

September 2007

Indiana Medicaid DUR Board  
Room W382  
Indiana State Government  
Center, South  
402 West Washington Street  
Indianapolis, Indiana 46204

## DUR Board Members

Marko A. Mychaskiw, RPh, PhD  
(Chair)  
Philip N. Eskew, Jr., MD  
(Vice Chair)  
Terry Lindstrom, PhD  
Brian W. Musial, RPh  
Vicki F. Perry  
Thomas A. Smith, PD, MS  
Patricia A. Treadwell, MD  
John J. Wernert, MD  
G. Thomas Wilson, BS Pharm, JD

## Inside this Issue

- Atypical Antipsychotics: Monitoring the Metabolic Effects
- Program Assistance and PDL Listing Information
- Top 20 Drugs for 2Q2007

## Atypical Antipsychotics: Monitoring the Metabolic Effects

Antipsychotics are widely used in the medical management of many psychiatric conditions. Atypical antipsychotics are considered more effective in treating certain symptoms of psychotic illness and are better tolerated than the first-generation antipsychotics. However, these newer antipsychotics are associated with serious adverse effects including weight gain, hyperglycemia and new-onset diabetes, and dyslipidemia. Since these metabolic side effects are associated with the development of cardiovascular disease, early interventions are imperative for the safety of the patient.

It is difficult to determine whether the incidence of obesity, diabetes, or dyslipidemia are increased in patients with psychiatric illnesses independent of antipsychotic use. Studies suggest that the prevalence of obesity and diabetes among patients with schizophrenia and affective disorders is approximately 1.5 to 2 times higher than the general population. In addition, patients may be prone to obesity and dyslipidemia due to poor lifestyle habits. Limited data also suggest that drug-naïve schizophrenic patients have an increased prevalence of impaired fasting glucose and insulin resistance and higher glucose, insulin, and cortisol levels than patients without psychiatric illnesses. Available evidence suggests these patients have an increased prevalence of obesity, impaired glucose tolerance, and type 2 diabetes. Whether this is due to the illness itself as opposed to drug treatment is still unknown.<sup>1</sup> A joint panel of the American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endo-

crinologists, and the North American Association for the Study of Obesity published a consensus statement in February 2004 examining the relationship of atypical antipsychotics with obesity, diabetes, and dyslipidemia (Table 1). The following are some conclusions of the consensus.

### Obesity

Obesity was determined to be strongly associated with the use of atypical antipsychotics. Rapid weight gain is usually seen in the first few months of therapy, but weight can still increase in patients even after one year of therapy. Weight gain and subsequent changes in body composition may precipitate other metabolic complications such as insulin resistance, diabetes, and dyslipidemia. Clozapine and olanzapine are associated with the highest incidence of weight gain, followed by risperidone and quetiapine, with aripiprazole and ziprasidone having little effect on weight, though studies are limited with the latter agents.<sup>1</sup>

Continued on Page 2

Physician education addressing the important adverse effects of atypical antipsychotics and their effects on obesity, diabetes, and dyslipidemia can hopefully prevent future patient complications and decrease overall health care costs. Baseline screening, ongoing monitoring, and appropriate adjustment (or switching) of medication is necessary to decrease the likelihood of developing or worsening cardiovascular diseases, diabetes, or other complications.

ATTACHMENT 4.4 --continued--

PAGE 2

INDIANA MEDICAID DUR BOARD NEWSLETTER

Continued from Page 1

Table 1. Second-generation antipsychotics and metabolic abnormalities<sup>1</sup>

Drug	Weight Gain	Risk for Diabetes	Worsening Lipid Profile
Clozapine	+++	+	+
Olanzapine	+++	+	+
Risperidone	++	D	D
Quetiapine	++	D	D
Aripiprazole*	+/-	-	-
Ziprasidone*	+/-	-	-

+ = increase effect; - = no effect; D = discrepant results. \*Newer drugs with limited long-term data.

### Diabetes

The onset or exacerbation of diabetes has been documented following initiation of atypical antipsychotics. Data from studies consistently show that patients on clozapine or olanzapine have an increased risk for diabetes compared with patients on first-generation or other second-generation antipsychotics. There is some evidence that risperidone and quetiapine can increase risk, but additional studies are warranted. Aripiprazole and ziprasidone have not shown significant effects on glucose because long-term data are limited. Impairment of insulin action (eg, insulin resistance) may be one possible mechanism for hyperglycemia. Drug-induced insulin resistance may be due to weight gain, change in body fat distribution, or a direct effect on insulin-sensitive target tissues. The Food and Drug Administration has requested that labeling for all atypical agents carry a warning on the potential risk for developing diabetes.<sup>1</sup>

### Dyslipidemia

Dyslipidemia, associated with atypi-

cal antipsychotics, is evident by increases in total cholesterol, LDL cholesterol, and triglycerides, and decreases in HDL cholesterol. Evidence indicates that changes in serum lipids are concordant with changes in body weight. Therefore, clozapine and olanzapine have the greatest increases in lipids, with risperidone and quetiapine having an intermediate effect on lipids. Again, aripiprazole and ziprasidone have limited data, which do not show a significant effect on lipids.<sup>1</sup>

### Monitoring:

With potentially serious adverse effects of atypical antipsychotics, the panel recommends appropriate baseline screening and ongoing monitoring of patients receiving these medications. Baseline measurements include personal and family history of obesity, diabetes, dyslipidemia, hypertension or cardiovascular disease, body mass index (BMI), waist circumference, blood pressure, fasting plasma glucose, and fasting lipid profile. These measures are used to determine if a patient is overweight (BMI 25–29.9) or obese (BMI ≥ 30),

has pre-diabetes (fasting plasma glucose 100–125 mg/dL or diabetes (fasting plasma glucose ≥ 126 mg/dL), hypertension (blood pressure ≥ 140–90 mmHg), or dyslipidemia.<sup>1</sup> Weight should be reassessed at 4, 8, and 12 weeks after initiation or change of atypical antipsychotic therapy. Fasting plasma glucose, lipid levels, and blood pressure should also be reassessed 3 months after initiation. Blood pressure and plasma glucose should be checked annually or more frequently in patients at higher risk for developing diabetes or hypertension. Repeat testing of lipid levels should be reassessed at 12 weeks and every 5 years or more frequently if indicated (Table 2).<sup>1</sup>

If a patient gains 5% of his or her initial weight or develops worsening of glycemia or dyslipidemia, the panel recommends considering switching the second-generation antipsychotic. If this is necessary, cross-titration is the safest approach; antipsychotic drugs should never be abruptly discontinued.<sup>1</sup>

Of note, paliperidone has been approved since the development of these guidelines; however, patients receiving paliperidone should adhere to the monitoring protocol for all atypical antipsychotics.

### References:

- <sup>1</sup> Barrett E, Blonde L, Clement S, et al. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care*. 2004; 27:596-601.
- <sup>2</sup> Marder SR, Essock SM, Miller AL, et al. Physical health monitoring of patients with schizophrenia. *Am J Psych*. 2004;161(8):1334-1349.

Table 2. Monitoring protocol for patients on second-generation antipsychot-

	Baseline	4 weeks	8 weeks	12 weeks	Quarterly	Annually	Every 5 years
Personal/family history	X					X	
Weight (BMI)	X	X	X	X	X		
Waist circumference	X					X	
Blood pressure	X			X		X	
Fasting plasma glucose	X			X		X	
Fasting lipid profile	X			X			X

ATTACHMENT 4.4 --continued--

VOLUME 10 ISSUE 3

PAGE 3

### Program Assistance

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

### PDL Listing

The fee-for-service PDL listing may be found at the following Web site:  
<http://www.indianapbm.com/>

### Top 20 Drugs for 2Q 2007

Top 20 Drugs 2 <sup>nd</sup> Quarter 2007 Ranked by Total Amount Paid			Top 20 Drugs 2 <sup>nd</sup> Quarter 2007 Ranked by Total Claims Paid		
Drug	Total Paid	Total Claims	Drug	Total Claims	Total Paid
Antihemophilic factor	\$3,624,026.33	115	Hydrocodone/APAP	42,676	\$367,199.92
Risperidone	\$3,533,549.32	13,630	Aspirin	38,240	\$30,894.76
Olanzapine	\$2,933,766.30	6,399	Docusate sodium	36,596	\$75,893.90
Quetiapine	\$2,921,786.28	11,744	Alprazolam	31,221	\$234,016.41
Aripiprazole	\$2,895,019.91	7,536	Calcium/Vit D	30,574	\$63,088.05
Divalproex sodium	\$1,638,936.65	10,813	Acetaminophen	30,455	\$75,859.09
Insulin	\$1,429,197.34	12,416	Multivitamins	25,042	\$36,482.90
Topiramate	\$1,429,027.05	5,803	Loratadine	24,867	\$240,608.52
Lamotrigine	\$1,268,518.80	5,659	Clonazepam	21,510	\$115,615.57
Fentanyl	\$1,137,147.16	3,667	Lorazepam	20,536	\$123,824.27
Oxycodone	\$1,095,376.57	4,835	Multivitamins with minerals	19,216	\$53,271.15
Ziprasidone	\$1,016,047.23	3,693	Omeprazole	18,665	\$524,668.94
Atorvastatin	\$1,003,825.22	9,730	Albuterol	16,291	\$318,026.22
Fluticasone/salmeterol	\$876,543.48	4,990	Risperidone	13,630	\$3,533,549.32
Oxcarbazepine	\$869,726.00	4,283	Insulin	12,416	\$1,429,197.34
Levetiracetam	\$805,015.09	3,426	Levothyroxine	12,197	\$107,274.60
Anti-inhibitor Coagulant Comp	\$797,787.44	19	Diazepam	12,059	\$236,307.61
Duloxetine	\$775,908.71	5,799	Quetiapine	11,744	\$2,921,786.28
Amphetamine salts	\$761,987.07	7,770	Lisinopril	11,698	\$76,574.11
Pantoprazole	\$741,060.44	6,064	Furosemide	10,999	\$42,723.19

# **ATTACHMENT 5 POLICIES ON USE OF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS**

## **ATTACHMENT 5. POLICIES ON USE OF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS**

Indiana statute mandates substitution of a generically equivalent drug for a prescribed brand name drug, unless the prescribing practitioner properly indicates “Brand Medically Necessary” on the prescription and obtains prior authorization.

For your reference, copies of the Indiana generic substitution law and Indiana Administrative Code are provided in Attachments 5.2 and 5.3.

---

### **ATTACHMENT 5.1                      GENERIC UTILIZATION**

Indiana Medicaid has one of the most rigorous State MAC programs in existence, ensuring that whenever possible therapeutically equivalent generic drugs are used in place of more expensive brand name alternatives.

Analysis of Indiana Medicaid paid claims during the **FFY 2007 date of service period** covered by this Annual Report, revealed the following:

**Generic dispensing rate** (“GDR”, defined as the number of generic prescriptions dispensed divided by the total number of prescriptions dispensed). GDR was **67.2% (Rx only)** and **73.3%** (Rx and OTC) for FFY 2007 (versus 63% for FFY 2006, 58.1% in FFY 2005, 55.5% in FFY 2004). The generic dispensing rate for calendar year 2007 was **66.8%** (versus calendar year 2006 GDR = 67.75%).

#### **Comparative Generic Utilization Rates**

The National Association of Chain Drug Stores reported that generic dispensing has increased among private third-party payers as well, growing by more than 4% over the past year. According to CMS, as shown in the chart (page 150), the 2006 generic medications utilization of prescriptions filled (GDR) for Medicare beneficiaries demonstrating that the Medicare Part D program is continuously delivering savings with the use of generic dispensing, as well.<sup>1</sup>

---

1 CMS Performance Data:

[http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/06\\_PerformanceData.asp#TopOfPage](http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/06_PerformanceData.asp#TopOfPage)

ATTACHMENT 5.1 --continued--

CMS Medicare D Program Type	QUARTER* 1 GDR**	QUARTER* 2 GDR**	QUARTER* 3 GDR**	QUARTER* 4 GDR**
Medicare Advantage-PD and Prescription Drug Plan Combined	58.60%	58.90%	61.00%	61.90%
Prescription Drug Plan Aggregate	55.90%	56.90%	59.20%	60.10%
Medicare Advantage-PD Aggregate	66.30%	65.60%	67.50%	68.00%

\*2006 Calendar Quarter \*\* GDR = Generic Dispensing Rate

**Conclusion: Indiana Medicaid's Generic Rates**

Indiana Medicaid's generic utilization rates exceed those found in programs administered by commercial insurers, Medicare D programs and most other state Medicaid programs. Indiana Medicaid is performing exceptionally well with regard to GDR and it is the firm intent of the Indiana Medicaid program to ensure that these numbers are maintained or increased. This will be accomplished via vigorous and ongoing State MAC processes and procedures.

## ATTACHMENT 5.2 GENERIC SUBSTITUTION LAW

### Indiana Code 16-42-22 Drugs: Generic Drugs\*

\*Presented in its entirety for reference.

#### 16-42-22-1 “Brand name” defined

Sec. 1. As used in this chapter, “brand name” means the proprietary or trade name selected by the drug manufacturer and placed upon a drug or the drug’s container, label, or wrappings at the time of packaging. *As added by P.L.2-1993, SEC.25.*

#### 16-42-22-3 “Customer” defined

Sec. 3. As used in this chapter, “customer” means the individual for whom a prescription is written or the individual’s representative. *As added by P.L.2-1993, SEC.25.*

#### 16-42-22-4 “Generically equivalent drug product” defined

Sec. 4. (a) As used in this chapter, “generically equivalent drug product” means a drug product”

- that contains an identical quantity of active ingredients in the identical dosage forms (but not necessarily containing the same inactive ingredients) that meet the identical physical and chemical standards in The United States Pharmacopoeia (USP) described in IC 16-4-19-2, or its supplements, as the prescribed brand name drug; and
- if applicable, for which the manufacturer or distributor holds either an approved new drug application or an approved abbreviated new drug application unless other approval by law or of the federal Food and Drug Administration is required.
  - A drug does not constitute a generically equivalent drug product if it is listed by the federal Food and Drug Administration on July 1, 1987, as having actual or potential bioequivalence problems.

*As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, SEC 4.*

#### 16-42-22-4.5 “Practitioner” defined

Sec. 4.5. As used in this chapter, “practitioner” means any of the following:

- A licensed physician.
- A dentist licensed to practice dentistry in Indiana
- An optometrist who is licensed to practice optometry in Indiana; and
- An advanced practice nurse licensed and granted the authority to prescribe legend drugs under IC 25-33.

*As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.5.*

#### 16-42-22-5 “Substitute” defined

Sec. 5. As used in this chapter, “substitute” means to dispense a generically equivalent drug product in place of the brand name drug product prescribed by the practitioner. *As added by P.L.2-1993, SEC.25.*

ATTACHMENT 5.2 -- continued --

Generic Substitution Law

**16-42-22-5.5 Authorization to substitute only generically equivalent drug products**

Sec. 5.5. Nothing in this chapter authorizes any substitution other than substitution of a generically equivalent drug product. *As added by P.L.2-1993, SEC.6.*

**16-42-22-6 Prescription forms**

Sec. 6. Each written prescription issued by a practitioner must have two(2) signature lines printed at the bottom of the prescription form, one (1) of which must be signed by the practitioner for the prescription to be valid. Under the blank line on the left side of the form must be printed the words "Dispense as written". Under the blank line of the left side of the form must be printed the words "May substitute". *As added by P.L.2-1993, SEC.25.*

**16-42-22-8 Substitution of generically equivalent drug products in non-Medicaid or Medicare prescription**

Sec. 8. For substitution to occur for a prescription other than a prescription filled under the traditional Medicaid program (42 U.S.C. 1396 et seq.) or the Medicare program (42 U.S.C 1395 et seq.), the practitioner must sign on the line under which the words "May substitute" appear, and the pharmacist must inform the customer of substitution. This section does not authorize any substitution other than the substitution of a generically equivalent drug product. *As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.7.*

**16-42-22-9 Transcription of practitioner's oral instructions to pharmacist**

Sec. 9. If the practitioner communicates instructions to the pharmacist orally, the pharmacist shall indicate the instructions in the pharmacist's own handwriting on the written copy of the prescription order. *As added by P.L.2-1993, SEC.25.*

**16-42-22-10 "Brand Medically Necessary" Traditional Medicaid or Medicare prescriptions**

Sec. 10. (a) If a prescription is filled under the traditional Medicaid program (42 U.S.C. 1396 et seq. ) or the Medicare program (42 U.S.C 1395 et seq.), the pharmacist shall substitute a generically equivalent drug product and inform the customer of the substitution if the substitution would result in a lower price unless:

- the words "Brand Medically Necessary" are written in the practitioner's own writing on the form; or
- the practitioner has indicated that the pharmacist may not substitute a generically equivalent drug product by orally stating that a substitution is not permitted.
  - If a practitioner orally states that a generically equivalent drug product may not be substituted, the practitioner must subsequently forward to the pharmacist a written prescription with the "Brand Medically Necessary" instruction appropriately indicated in the physician's own handwriting.

ATTACHMENT 5.2 -- continued --

Generic Substitution Law

- This section does not authorize any substitution other than substitution of a generically equivalent drug product.

*As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.8.*

**16-42-22-11 Substitution of generic drugs; identification of brand name drug**

Sec. 11. If under this section a pharmacist substitutes a generically equivalent drug product for a brand name drug product prescribed by a practitioner, the prescription container label must identify the brand name drug for which the substitution is made and the generic drug. The identification required under this subsection must take the form of the following statement on the drug container label, with the generic name and the brand name inserted on the blank lines: “\_\_\_\_\_ Generic for \_\_\_\_\_”. *As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.1.*

**16-42-22-12 Identification of manufacturer or distributor of dispensed drug product on prescription**

Sec. 12. The pharmacist shall record on the prescription the name of the manufacturer or distributor, or both, of the actual drug product dispensed under this chapter. *As added by P.L.2-1993, SEC.25.*

---

## **ATTACHMENT 5.3 ADMINISTRATIVE CODE 405 IAC 5-24-8**

### **Medicaid rule 405 IAC 5-24-8, *Prior Authorization; brand name drugs***

---

#### **405 IAC 5-24-8 Prior authorization: brand name drugs**

**Authority: IC 12-8-6-5: IC 12-15-1-10: IC 12-15-21-2**

**Affected; IC 12-13-7-3: IC 12-15**

Sec. 8. a) Prior authorization is required for a brand name drug that:

- (1) Is subject to generic substitution under Indiana Law; and
- (2) The prescriber has indicated is “Brand Medically Necessary” either orally or in writing on the prescription or drug order.

b) In order for prior authorization to be granted for a brand name drug in such instances, the prescriber must:

- (1) Indicate on the prescription or drug order, in the prescriber’s own handwriting, the phrase “Brand Medically Necessary”; and
- (2) Seek prior authorization by substantiating the medical necessity of the brand name drug as opposed to the less costly generic equivalent.

The prior authorization number assigned to the approved request must be included on the prescription or drug order issued by the prescriber or relayed to the dispensing pharmacist by the prescriber if the prescription is orally transmitted. The office may exempt specific drugs or classes of drugs from the prior authorization requirement, based on cost or therapeutic considerations. Prior authorization will be determined in accordance with the provisions of 405 IC 5-3 and 42 U.S.C. 1206r-8(d)(5). (*Office of the Secretary of Family and Social Services; 405 IAC 5-24-8; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3346; filed Sep 27, 1999, 8:55 a.m.: 23IR 319*)

---

# **ATTACHMENT 6**

## **DUR PROGRAM EVALUATION: SAVINGS ANALYSES**

---

## EXECUTIVE SUMMARY: DRUG USE REVIEW (DUR) ANALYSES

---

DUR serves a vital monitoring purpose. Prospective DUR (ProDUR) and Retrospective DUR (RetroDUR) each serve a unique purpose in alerting practitioners and pharmacists with specific, focused and comprehensive drug information available from no other source. If practitioners and pharmacists use DUR as intended, then notification of a potential drug therapy problem will lead to appropriate action taken in response to a ProDUR alert or RetroDUR intervention. Appropriate actions include discontinuing unnecessary prescriptions, reducing quantities of medications prescribed, switching to safer drug therapies, or even adding a therapy recommended in published (evidence-based) guidelines from an expert panel.

Timely DUR warnings along with practitioners' and pharmacists' appropriate actions can prevent adverse effects, over prescribing and misprescribing which lead to complications, hospitalizations, and other additional treatment (which ultimately increases costs). Recipients avoid complications and harm, and Medicaid programs are spared needless expense.

In sum, both ProDUR and RetroDUR programs serve crucial functions. If DUR is widely and properly used by State Medicaid programs, their contractors and Medicaid providers, then State Medicaid DUR programs are successful in providing an added margin of safety for its recipients and avoiding unnecessary medical, hospital, and prescription drug expenses.

The state of Indiana governing bodies and OMPP have always been interested in the impact that the programs implemented have upon quality of care as well as upon pharmacy and medical costs. The DUR programs utilized by the State have saved money by encouraging quality, medically necessary and appropriate drug therapy in order to reduce total healthcare expenditures.

Estimated prescription drug savings resulting from ProDUR and RetroDUR programs for the Federal Fiscal Year (FFY) 2007 are shown in Table II. Drug savings estimates from DUR programs are measured by the actual claims before and after interventions. The total estimated net savings (or drug costs avoided) over FFY 2007 for ProDUR and RetroDUR programs for Indiana Medicaid are \$16.25 million. Comparatively, total estimated savings (or drug costs avoided) over FFY 2006 for Indiana Medicaid ProDUR and RetroDUR programs was \$ 20.1 million. The Indiana FFY2007 savings decrease from ProDUR and RetroDUR, before subtracting State Program costs, was 41%. In FFY 2007, total drug spend was \$299.3 million versus \$397.5 million in FFY 2006, resulting in a decrease of 25% (\$98.2 million), primarily from Medicare D changes. The overall decrease in drug spend accounts for most of the savings decrease. In addition, the specific drugs involved in Medicare D may have had a disproportionate effect on DUR program savings.

FFY 2007 RetroDUR savings of \$0.23 million increased greatly from FFY 2006 value of \$0.06 million, but was far below the FFY 2005 and FFY 2004 savings. RetroDUR savings varies sufficiently from year to year based on the number of interventions and whether the focus was cost containment, appropriate drug therapy or combination of the two.

**Table II. Indiana DUR Program Impact Evaluation: Estimated Drug Savings**

Estimated Total Costs Avoided <sup>2</sup> or Savings Per Year	Estimated Annual Cost to Administer Prospective and Retrospective DUR Programs	Net Savings for FFY 2007 and Return On Investment (ROI) for ProDUR & RetroDUR only
ProDUR \$ 16.65 million	\$630,000*	Program Net Savings \$ 16.25 million  For each \$1 spent, the state saved \$26.79 or 2579% <sup>3</sup>
RetroDUR \$ 0.23 million		
<b>GRAND TOTAL SAVINGS from ProDUR &amp; RetroDUR \$ 16.88 million</b>		

\* NOTE: This figure was developed from contract provisions that pertained to services rendered during the timeframe of this report (FFY 2007). Two contractors-EDS and ACS-separately provided services that were involved in the conduct/administration of the prospective and retrospective DUR programs. Since no separate and discrete line items exist in either contract for the provision of services that support the prospective and retrospective DUR programs, an estimation of the annual costs for those services has been made. The estimation was developed based on amounts paid under the respective contracts for services that included, but were not limited to, DUR program support.

## Outcomes Measurement: CMS Philosophy on Evaluation of DUR Programs

Title XIX SSA § 1927(g)(3)(D); 42 CFR Part 456.709, 456.712[a,b]

The Centers for Medicare and Medicaid Services (CMS), (formerly known as HCFA), requires each state Medicaid Drug Utilization Review (DUR) Program submit an annual report. The CMS annual report serves as a measurement tool to assess how well states have implemented DUR programs and the effect DUR has had on patient safety, practitioner prescribing habits and dollars saved by avoidance of drug therapy problems. As part of the annual report, each state is to estimate the savings attributable to prospective and retrospective DUR, and to report the costs of DUR program operations.

In 1994, CMS contracted a panel of advisors with extensive experience in both DUR and program evaluation studies to develop the “*Guidelines for Estimating the Impact of Medicaid DUR.*”<sup>4</sup> The guidelines were developed because CMS recognized the difficulty in producing legitimate estimates of savings associated with DUR programs with an acceptable level of rigor given very real operational and resource limitations. **Studies must be rigorous enough to be confident that the results are attributable to DUR activities.**

In explaining why the Guidelines were developed, the expert panel of authors state: “*Attributing changes in prescribing and patient outcomes to DUR is a complex process...While rigorous*

<sup>2</sup> Reported “costs avoided” dollar amounts are state and federal combined, and does not include rebates.

<sup>3</sup> All ACS and EDS services\* paid for themselves plus obtained a large return on investment.

<sup>4</sup> Zimmerman, T. Collins, E. Lipowski, D. Kreling, J. Wiederholt. “Guidelines for Estimating the Impact of Medicaid DUR.” Contract #500-93-0032. United States Department of Health and Human Services, Health Care Financing Administration: Medicaid Bureau. August 1994

*studies are preferred in principle, they often [are not feasible].*

*“Applying the concepts embodied in these guidelines has the potential to do more than just help states fulfill their obligations for the annual report required by Federal law.” [The guidelines can] “provide states with approaches that will help them analyze and improve DUR operations.”<sup>5</sup>* Additionally, CMS thought that if comparable estimation procedures were followed among the state Medicaid agencies, then information can be shared and compared, permitting states to learn from one another’s experiences.

---

**5** CMS *Guidelines for Estimating the Impact of Medicaid DUR* 1994, p. 1

---

## Guidelines for Measuring ProDUR Outcomes

---

According to the CMS Guidelines, it is not acceptable to limit the DUR savings results to global estimates of savings in the drug budget or overall Medicaid expenditures. ProDUR savings estimates should specifically track results relative to individual cases affected by ProDUR alerts.<sup>6</sup> One cannot sum dollar amounts associated with all denials and/or reversals and claim these are the total ProDUR cost savings either. The reason is: One cannot assume that **all** denials of prescriptions through on-line ProDUR edit results in changes in drug use and expenditures. If the claim is filled with a substitute medication or is delayed by several days in filling, states should track the net effects upon expenditures. Likewise, one must use caution in estimating the costs avoided from “reversal” of claims and only measure costs avoided from true reversals that stay reversed. Tracking and calculating costs associated with pharmacists’ actions resulting from ProDUR edit alerts have always been difficult at best. Comparison group designs are normally recommended; however, with on-line ProDUR, comparison populations who are not receiving an alert are not possible.

---

## ProDUR Outcomes: State of Indiana

---

A detailed evaluation of the effectiveness of Indiana Medicaid’s ProDUR program in terms of estimated savings (costs avoided) resulting from the ProDUR edits is shown in Attachment 6.1.

Costs avoided as a result of Indiana Medicaid **ProDUR edits were estimated to be \$16.65 million in FFY 2007 and \$28.04 million for FFY 2006<sup>7</sup>**. The conclusion can be made that ProDUR is working and saved the State money. The Indiana FFY2007 savings decrease from ProDUR, before subtracting State Program costs, was 41%. In FFY 2007, total drug spend was \$299.3 million versus \$397.5 million in FFY 2006, resulting in a decrease of 25% (\$98.2 million), primarily from Medicare D changes. The overall decrease in drug spends accounts for most of the savings decrease. In addition, the specific drugs involved in Medicare D may have had a disproportionate effect on DUR program savings.

The establishment of “hard alerts”—that is, ProDUR alerts that require a prior authorization—and the establishment of reasonable quantity limits, are additional methods that also ensure that program savings are being maximized and that alerted claims are medically necessary, reasonable, and appropriate.

---

<sup>6</sup> CMS *Guidelines for Estimating the Impact of Medicaid DUR* 1994, p. 4

<sup>7</sup> Savings are both state and federal dollars combined, and does not include rebates.

Clearly, a benefit is gained by all (the State, the provider community, and the beneficiary population served) through the State Medicaid's online ProDUR program. OMPP will continually monitor and work to improve the ProDUR system.

## ATTACHMENT 6.1—

### PRODUR SAVINGS SUMMARY

DUR Screen	(A) Average Amount Pd Per Rx <sup>*</sup>	(B) # Cancellation & NonResponse (or # DENIED)	(C) Amount Would Have Paid for Denied Claims (ProDUR Savings) <sup>†</sup>
Drug-Drug Interaction (DD) Total	\$54.55	9,697	\$ 0.53 million
Early Refill Alert (ER) Total	\$54.39	258,109	\$14.04 million
High Dose Alert (HD) Total	\$50.08	5,198	\$ 0.26 million
Late Refill Alert (LR) Total	\$62.07	3,648	\$ 0.23 million
Drug-Disease Contraindication (MC) Total	\$54.24	81,265	\$ 4.41 million
Drug-Age [Pediatric Alert] (PA) Total	\$55.72	2,196	\$ 0.12 million
Drug-Gender [Pregnancy Alert] (PG) Total	\$35.85	214	\$ 0.01 million
Therapeutic Duplication Total	\$32.45	37,437	\$ 1.21 million
<b>DUR Screen Sub Total</b>		397,764	\$20.81 million

**If 20% of all Cancellations and Non-Responses Paid, then ProDUR Savings = \$16.65 million**

<sup>\*</sup> Note: Average Amount Pd Per Rx is based on paid claims of drugs that also had denied claims for a DUR screen.

<sup>†</sup> Note: Some claims may have multiple DUR denial conditions posted for a single claim, leading to some double counting.

Calculations: 1.  $A * B / 1000000 = C$  Note: All values rounded to two decimal points.

## **Guidelines for Measuring RetroDUR Savings**

---

### **RetroDUR Impact Analysis Methodology**

The state of Indiana and ACS ensured that a CMS-compliant claims tracking methodology was used to evaluate the results of the RetroDUR program. The evaluation study used identifies changes in drug therapy patterns following the intervention and measures the monetary impact of these changes.

The 1994 CMS “Guidelines for Estimating the Impact of Medicaid DUR” was used to develop the methodology for measuring the impact of the Retrospective DUR program. Simply stated, the preferred and recommended method of the 1994 CMS guidelines is a scientifically sound methodology that involves comparison of all recipients who received interventions (intervention group) with those who did not receive interventions (comparison group). This preferred comparison group method has the most validity and accuracy of any other method (Zimmerman, T. Collins, E. Lipowski, D. Kreling, J. Wiederholt. “Guidelines for Estimating the Impact of Medicaid DUR.” (Contract #500-93-0032, United States Department of Health and Human Services, Health Care Financing Administration: Medicaid Bureau, August 1994).

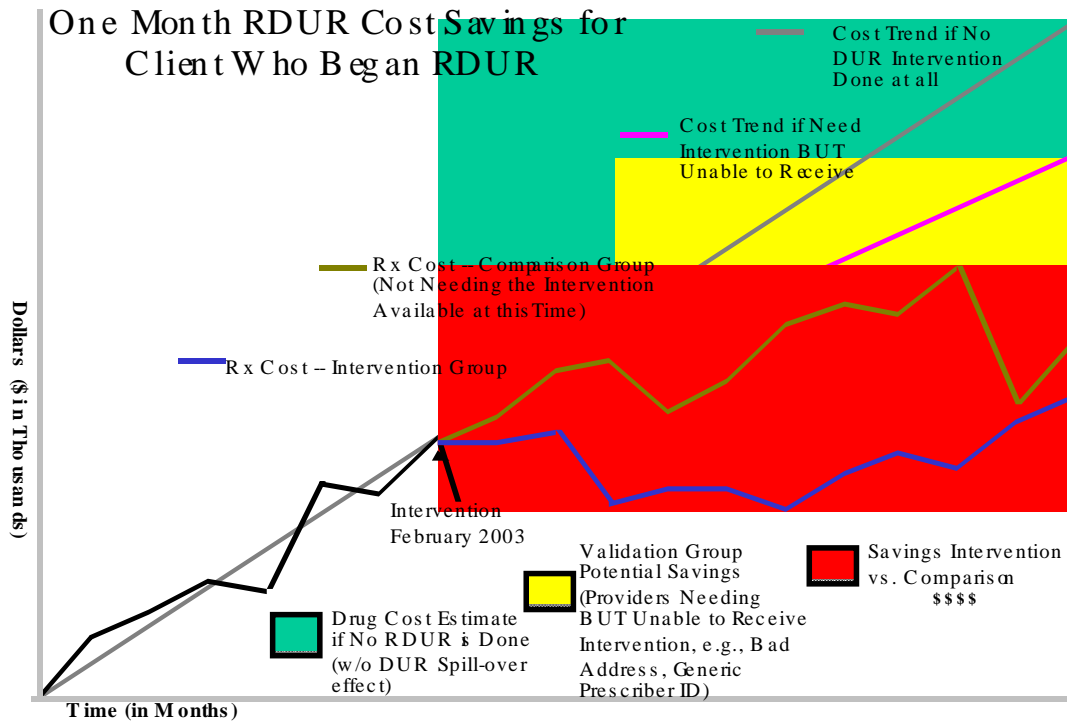
The intervention population, a subset of beneficiaries, includes all recipients who were screened and confirmed as having inappropriate drug therapies and who were then intervened upon during the analysis period. Interventions included sending an Alert Letter and patient profile to every prescriber involved in the drug therapy problem(s) in addition to answering questions on the 800-DUR hotline. It is possible to track the cost impact upon recipients upon whom we intervene (called ‘cases’). Reports can be generated for cost savings and number of prescriptions saved per patient case or per recipient (if a recipient has more than one case).

To confirm the validity of our methodology, initially two comparison groups were evaluated along with an intervention group for cost savings. One comparison group, called the conservative comparison group, was an equal subset of patients who were taking medication involved in the alert, but needed no intervention. The second comparison group, used for validation, was patients who needed an intervention but no intervention was possible. The largest reason was that the prescriber couldn’t be identified; for example, the prescriber’s correct address couldn’t be found or the pharmacy used an invalid or generic prescriber number in filing the claim. The following graph illustrates a very conservative estimate of cost savings obtained using our selected comparison group. The graph also illustrates how the validation group’s costs continue to rise when they needed a letter more so than the comparison groups’ costs.

### **Overall Procedures**

ACS’ outcomes measures of therapy improvements and cost savings are not dependent upon receiving prescriber responses about the letters, since what practitioners *say* is not an accurate measure of actual behavior. Instead, actions are measured from claims data to determine what prescribing patterns have actually changed as a result of educational interventions. Drug savings estimates from RetroDUR are measured by the claims 180-days before and after interventions.

**Figure 2.**



To analyze recipients' drug use, we followed the 1994 CMS "Guidelines for Estimating the Impact of Medicaid DUR." We compared the cost of all prescription drugs for each recipient before and after physicians received Alert letters, phone calls or faxes. By following CMS's guidelines, our analysis measured "the substitution effect." That is, prescribers may substitute another drug in the same therapeutic class in place of the drug about which the Alert letter was sent. Therefore, our analysis also included the cost of other drugs in the same therapeutic class. We calculated each period's costs using the exact quantities of each drug dispensed and the claims costs (defined as: reimbursement formula specified in the plan).

Cases were analyzed using 180 days of claims data before and after the alert letter/intervention month. The number of prescriptions and cost of drug therapy were then compared for the pre- and post-intervention periods. To evaluate the impact of changes over time, such as manufacturer drug price changes or policy changes, the intervention group for each case was evaluated compared to a comparison group. Anything that happens to one group will also affect the other group and will negate any outside effects on drug costs. Any savings that occurred can then be attributed to the DUR intervention and not some other effect.

---

## RetroDUR Outcomes: State of Indiana

---

### **Indiana Medicaid-specific RetroDUR Outcomes Overview**

The following information is an annualized analysis of RetroDUR activities and outcomes that were approved by the DUR Board and performed by ACS pharmacists through their two RetroDUR program types: Intensified Benefits Management (IBM) and regular RetroDUR Programs.

A savings summary for each RetroDUR program type is included in Attachment 6.2. The detailed outcomes report for each RetroDUR intervention also includes savings (cost avoided, if any). Real savings, while controlling for changes over time, were calculated using the comparison and intervention groups where possible. All savings amounts are reported as state and federal Medicaid dollars combined.

### **RetroDUR Discussion**

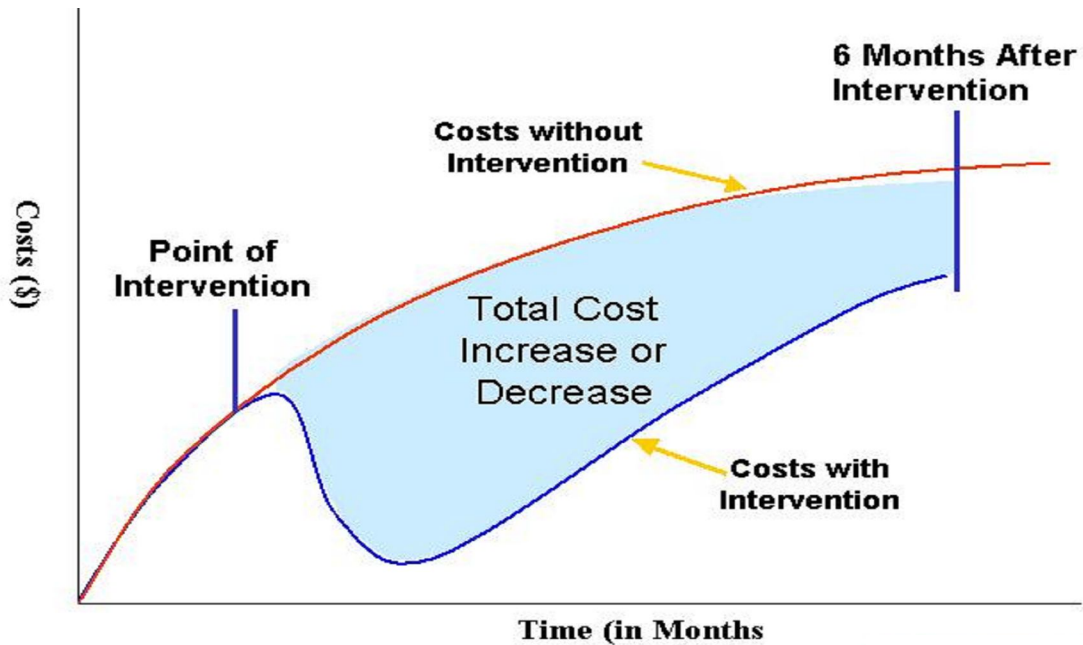
Historically, we found the intervention group total prescription drug costs typically decreased following Alert letters, phone calls and faxes; whereas, the comparison group (who needed intervention but did not receive intervention) prescription costs typically continued to increase. This is not always the case, since many interventions are specifically designed to improve patient drug therapy rather than reduce cost.

In our experience, drug costs decrease soon after an intervention, then costs remain relatively flat or only slightly increase for approximately 6 months. After about 6 months post-intervention, drug costs in the intervention group will start to climb again as indicated by the upward slope on Graph 2; but, costs never reach the point of the comparison group drug cost trends (See Graph 2). The comparison group illustrates what would happen to drug costs if no DUR program interventions were undertaken.

**The psychological theory of the *primacy-recency effect* can explain this phenomenon where interventions work for several months, but do not contain costs permanently.** Practitioners must be reminded periodically of the intervention criteria. The most recent events are what practitioners primarily recall when they are choosing drug therapy for patients. State Medicaid agencies are trying to provide optimal care while keeping costs reasonable should likewise take advantage of the primacy-recency effect by repeated ProDUR and RetroDUR educational interventions on practitioners who do not meet the predetermined standards or criteria set by the DUR Board. Graph 2 illustrates this primacy-recency concept quite vividly.

In sum for DUR overall, the general trend for comparison group recipients is for drug costs to continue to rise. The trend for intervention group recipients is for drug costs to either remain flat (meaning rising drug costs have been contained) or to decrease over a 6-month time frame.

**Graph 2.**



### **Indiana Medicaid-specific Considerations**

The estimated RetroDUR savings reflect interventions that occurred three months earlier. Utilization and costs were compared 6-months before and after intervention.

Some control groups for RetroDUR were too small for meaningful comparisons ( $n < 20$ ). In those situations, comparisons for savings were made based on intervened patients only.

## **RetroDUR Outcomes**

### **October 2006 Concurrent Use of SSRI/SNRI with Triptans – RetroDUR Outcomes**

#### **Purpose of Intervention:**

The purpose of this intervention was to inform the prescribers regarding the public health notice issued by FDA on July 19<sup>th</sup> 2006. This notice was to address a potential risk for serotonin syndrome in patients concurrently prescribed a triptan with either a SSRI or a SNRI antidepressant.

#### **Intervention Results:**

Out of a total of 234 recipients identified by initial screening and reviewed, 224 patients were selected for letter intervention. Letters were sent to 260 prescribers of the 224 patients, as many patients had more than one prescribing physician.

**Responses:** 33% of prescribers responded to the RetroDUR letter intervention. Of those responding, 16% indicated that they would accept the recommendation, 80% replied that the current therapy is appropriate, and 4% had other comments.

#### **Outcomes:**

Only 73 (33%) of the intervened recipients received prescription changes that eliminated concurrent triptan and SSRI/SNRI therapy. Although costs per utilizer decreased in the intervention group that changed therapy (to either triptan alone or SSRI/SNRI alone), they also decreased in the intervention group that did not change, resulting in a net decrease in costs per utilizer of 26.07%. The control group size (n=19) was too small for making an adjustment to the intervention outcomes. Annual savings for recipients changing therapy was **\$52,847.92**. Note also that 47 (21%) participants had all SSRI/SNRI and triptan therapy discontinued. Including the patients that discontinued therapy, the net decrease in cost per utilizer was 58.12%.

### **November 2006 Over Utilization of Triptans – RetroDUR Outcomes**

#### **Purpose of Intervention:**

The purpose of this intervention was to determine whether Selective Serotonin Receptor Agonists (Triptans) were being over utilized and if so to recommend the use of preventative medicines in this patient population. The goal of this intervention was to educate the prescribers of the possible over utilization of these medications and to encourage prescribers to consider the addition of a preventative medication such as divalproex or beta blockers.

#### **Intervention Results:**

Out of a total of 413 recipients identified by initial screening and reviewed, 377 patients were selected for letter intervention. Letters were sent to 319 prescribers of the 377 patients.

**Responses:** 26% of prescribers responded to the RetroDUR letter intervention. Of those responding, 26% indicated that they would accept the recommendations, 64% replied that the current therapy is appropriate, and 10% had other comments.

### **Outcomes:**

211 of the 377 intervened received a change in therapy to include a preventive medication. Costs per utilizer increased in this group (net of changes in the non-changers) by 4.70%, or \$10.50 per utilizer per month (PUPM). There were **no annual savings for recipients intervened**. The control group size (n=6) was too low for use in adjusting the intervention outcomes. The annualized cost increase for recipients switching to the desired therapy was \$26,596.74.

Nevertheless, the intervention was very successful in that 56% of the interventions resulted in a change to the desired therapy even though no prescription drug savings resulted.

## **Intensive Benefits Management (IBM) Outcomes**

### **January and April 2007 Multiple Agents– IBM Outcomes**

#### **Purpose of Intervention:**

The purpose of this intervention was to educate prescribers regarding a more cost effective therapy. Prescribing some combination medications available as a single agent are more cost effective than prescribing the individual components, even if both components are available generically. In January 2007, prescribers were informed regarding the opportunity of combining amlodipine/atorvastatin and ezetimibe/simvastatin. Similarly, in April 2007, prescribers were informed regarding the opportunity of combining rosiglitazone/metformin, rosiglitazone/glimepiride and pioglitazone/metformin. The goal of this intervention was to encourage prescribers to consider converting patients on multiple agents to single agent combination medications. Prescribers were contacted by mail/fax asking them to reevaluate these patients' drug regimen.

#### **January 2007 Intervention Results:**

Patients who filled prescriptions for multiple agents available in a single agent combination medication (date range 10/01/2006 thru 12/31/2006) were identified and the prescribers were targeted. The multiple agents targeted were amlodipine/atorvastatin and ezetimibe/simvastatin, all prescribed as individual agents.

Out of a total of 387 recipients identified by initial screening and reviewed, 377 patients were selected for letter intervention. The IBM pharmacist contacted 366 prescribers of the 377 patients.

**January 2007 Responses:** 43% of prescribers responded to the IBM intervention. Comments included "accepted recommendation" (71%), "current therapy is appropriate" (24%), "med d/c" (3%), and "other" (2%).

### **January 2007 Outcomes:**

In the intervention group, 15.92% of utilizers were switched to a single agent combination medication, compared with 0.00% of the control group. Costs per utilizer for these medications decreased in the intervention group by 32.91%. The control group size (n=11) was too small for use in adjusting the intervention outcomes. Annual savings for recipients intervened was **\$196,318.34**.

### **April 2007 Intervention Results:**

Patients who filled prescriptions for multiple agents available in a single agent combination medication (date range 1/01/2007 thru 3/31/2007) were identified and the prescribers were targeted. The multiple agents targeted were rosiglitazone/metformin, rosiglitazone/glimepiride and pioglitazone/metformin, all prescribed as individual agents.

Out of a total of 241 recipients identified by initial screening and reviewed, 221 patients were selected for letter intervention. The IBM pharmacist contacted 191 prescribers regarding the 221 patients.

**April 2007 Responses:** 38% of prescribers responded to the IBM intervention. Comments from responding prescribers included “accepted recommendation” (62%), “current therapy is appropriate” (33%), “med d/c” (2%), and “other” (2%). Of prescribers indicating that they would accept the recommendations, only 30% followed through on that acceptance within the 6 month post intervention time period.

### **April 2007 Outcomes:**

In the intervention group, 7.73% of utilizers were switched to a single agent combination medication, compared with 0.00% of the control group. Costs per utilizer for these medications decreased in the intervention group by 25.30%. Annual savings for recipients intervened, prior to adjusting for the control group, was \$67,183.84. The control group (n=21) had a decrease in costs of 21.77%. Adjusting for the control group, the intervention group had a net decrease of 4.55%, for an annualized savings of \$11,610.18.

## DUR Program Evaluation Conclusions

Outcomes analyses were conducted on actual prescriber behavior rather than prescriber responses to letter interventions. Outcomes analyses shows that DUR **does work** in general and specifically, has worked for State of Indiana. Furthermore, the State of Indiana Drug Utilization Review program provides an important quality assurance service to Medicaid recipients.

Savings or desired therapy changes were reported for each drug therapy problem and for each intervention type (See Attachments 6.1, and 6.2). All savings (or costs avoided) amounts are reported as state and federal Medicaid dollars combined. The drug cost savings (or costs avoided) over the FFY 2007 for RetroDUR clinical programs (IBM and RetroDUR letters) was **\$0.23 million**, ProDUR savings was **\$16.65 million**, for combined total drug savings of approximately **\$16.88 million**. The Indiana FFY2007 savings decrease from ProDUR and RetroDUR, before subtracting State Program costs, was 41%. In FFY 2007, total drug spend was \$299.3 million versus \$397.5 million in FFY 2006, resulting in a decrease of 25% (\$98.2 million), primarily from Medicare D changes. The overall decrease in drug spend accounts for most of the savings decrease. In addition, the specific drugs involved in Medicare D may have had a disproportionate effect on DUR program savings.

The drug savings for DUR programs alone was a return on investment (ROI) of **2579%**, meaning that for every \$1 dollar spent on the DUR program, the State of Indiana received **\$26.79** in drug savings. Return on investment calculation includes the cost of all ACS RetroDUR activities, prior authorization cost related to proDUR edits, and EDS ProDUR claims services to the State of Indiana.

## ATTACHMENT 6.2 ALL RETRODUR PROGRAMS SAVINGS SUMMARY

<b>All RetroDUR Programs Savings Summary FFY 2007</b>	
<b>Standard RetroDUR Letters</b>	<b>Intensive Benefits Management (IBM)</b>
\$26,251	\$207,929
<b>Total Annualized Savings</b>	
<b>\$234,180</b>	